DENTAL BOARD OF CALIFORNIA

FULL BOARD MEETING
Friday, May 15, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd.
Burlingame, CA 94010

OPEN SESSION
FULL BOARD

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

BOARD MEETING AGENDA
Friday, May 15, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

Members of the Board

Fran Burton, MSW, Public Member, President
Bruce Whitcher, DDS, Vice President
Judith Forsythe, RDA, Secretary

Steven Afriat, Public Member
Stephen Casagrande, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Luis Dominicis, DDS
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS
Thomas Stewart, DDS
Debra Woo, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should items not be completed, it is possible that it could be carried over and be heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

Friday, May 15, 2015

9:00 A.M. OPEN SESSION - FULL BOARD

11. Call to Order/Roll Call/Establishment of Quorum

12. Discussion and Possible Action Regarding the Following Relating to the Dental Board's Sunset Review:
    A. Responses to Current Issues Identified in the Legislative Oversight Background Report and March 23, 2015 Legislative Oversight Hearing;
    B. Assembly Bill 178 and Assembly Bill 179 – Dental Board of California Sunset Review Legislation
    C. Notification to Patients of Changes to Dental Practice (i.e. Sale, Retirement) and Patient Record Responsibility
    D. Notice to Patients of Disciplinary Action and Probation

13. Enforcement
    A. Staff Update Regarding Enforcement Program Status
    B. Enforcement – Statistics and Trends
    C. Review of Third Quarter Performance Measures from the Department of Consumer Affairs
    D. Diversion Program Report and Statistics

14. Prescription Drug Abuse
    A. Staff Update on California's Controlled Substance Review and Evaluation System (CURES)
    B. Update on Medical Board of California's April 13, 2015 Prescribing Task Force Meeting
    C. Update on California Dental Association Lecture Titled "Addressing the Epidemic of Prescription Drug Abuse – A New Paradigm for Interprofessionalism Between Prescribers and Dispensers"

15. Subcommittee Report Regarding the Review of the Dental School Application from the Republic of Moldova

16. Budget Report

17. Report on the April 8, 2015 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits

18. Legislative and Regulatory Committee Report
    The Board may take action on any items listed on the attached Legislative and Regulatory Committee agenda.

19. Joint Examination Committee and Dental Assisting Council Report
    The Board may take action on any items listed on the attached Joint Examination Committee and Dental Assisting Council agenda.

20. Dental Assisting Council Report
    The Board may take action on any items listed on the attached Dental Assisting Council agenda.

21. Examination Committee Report
    The Board may take action on any items listed on the attached Examination Committee agenda

22. Public Comment of Items Not on the Agenda
    The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

23. Board Member Comments for Items Not on the Agenda
    The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

24. Adjournment

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board of California
FROM	Karen M. Fischer, Executive Officer
SUBJECT	**Agenda Item 12:** Discussion and Possible Action Regarding the Following Relating to the Dental Board's Sunset Review:

A. Response to current issues identified in the Legislative Oversight Background Report and March 23, 2015 Legislative Oversight Hearing

At the February 2015 meeting, members were notified that the Board's Sunset Review hearing would take place on March 23, 2015. On or around March 10, 2015, Board staff received the draft "Background Paper and Current Sunset Review Issues" from the Legislative Oversight Committees. In the draft, Committee staff outlined 18 issues and requested that the Board respond in person, on March 18th, to the following issues:

- #2 relating to dental assistants
- #3 relating to the dentistry fund
- #7 relating to the Occupational Analysis for the practical examination
- #15 and 16, relating to enforcement.

The Committees requested that the remainder of the 18 issues be addressed in a follow-up report submitted to the Legislative Oversight Committees 30 days after the hearing. The Board's "Response to the Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California" was submitted electronically on April 27, 2015.

Board President Fran Burton, Vice President Dr. Bruce Whitcher, Executive Officer Karen Fischer, Assistant Executive Officer Sarah Wallace, and Enforcement Chief Theresa Lane attended the hearing and provided testimony on the above mentioned items. (A link to the hearing was sent to all Board and Dental Assisting Council members after the hearing.)

The Board's response to the 18 issues identified by the Legislature is included in this agenda item for review and discussion. The good news is that the [Committees] Staff Recommendation is that the licensing and regulation of the dental profession continue

to be regulated by the current Board members in order to protect the interests of the public; and be reviewed again in four years – 2020.

***Action: Staff recommends the Board review and discuss the responses to the 18 issues*.**

B. Assembly Bill 178 and Assembly Bill 179 – Dental Board of California Sunset Review Legislation

AB 179 (When signed by the Governor, it will take effect January 1, 2016)

- Extends the Dental Board of California until January 1, 2020.
- Amends BPC Section 726 to exempt other healing arts licensees from treating spouses or domestic partners
- Increases fee caps – (Bonilla amended this to say that the Board can't raise the initial license or renewal fee above $650 until January 1, 2016; and above $800 until January 1, 2018 through the regulatory process)
- Authorizes the Board to collect email addresses from licensees

AB 178 (Urgency legislation)

- Puts a moratorium on the Board administering the RDA practical examination until the Board can conduct an occupational analysis in order to determine whether or not the practical examination should be revised or eliminated permanently.
- Declares this legislation urgent and will become effective immediately upon the Governor's signature.

As you will recall, during the oversight hearing there were many questions from the Committee members relating to the RDA practical examination and the decline in pass rates that have occurred during the last year since the RDA practical examiners were re-calibrated by a dentist. Assembly woman Bonilla felt that the validity of the examination is questioned because of this decline in pass rates. As a result of discussion she had with CADAT, she introduced AB 178 to place a temporary moratorium on the examination until the Board can conduct an occupational analysis to determine whether the examination is an accurate measure of competency, and whether it is a valid examination.

Action: Information only. No action required.

C. Notification to Patients of Changes to Dental Practice (i.e. sale, retirement) and Patient Record Responsibility

Committee staff has asked the Board to review and discuss Issue #9. Please refer to the background of this issue outlined in the report. The Committees did not include statutory requirements in AB 179 for dentists (or other healing arts professionals) to notify patients upon a change in ownership or when a licensee retires. However, the Committee staff requested that the Board explore if notification should be required, what

type of notification, when the notice should be given, and whether a licensee should be required to keep or transfer patient records under those circumstances.

Action: Staff recommends beginning the discussion.

D. Notice to Patients of Disciplinary Action and Probation

During the Oversight Hearing on March 23rd, Senator Marty Block (San Diego) asked how the Board protects patients or prospective patients when a dentist is on probation or has had discipline taken. What is the Board doing to protect consumers from dentists who are doing bad things to patients? He is asking all healing arts boards to consider whether additional measures should be taken to notify the public about the license status of practitioners.

Action: Staff recommends discussion.

RESPONSE TO THE LEGISLATIVE OVERSIGHT COMMITTEES' BACKGROUND PAPER AND CURRENT SUNSET REVIEW ISSUES FOR THE DENTAL BOARD OF CALIFORNIA

Submitted Electronically April 27, 2015

The Dental Board of California is submitting its response to issues identified in the Legislative Oversight Committees' Background Paper; as well as issues that were identified during the oversight hearing that took place on March 23, 2015.

ADMINISTRATIVE ISSUES

ISSUE #1: AUTHORITY TO COLLECT EMAIL ADDRESSES. ***Should the Board be authorized to collect and disseminate information through email addresses?***

Background: In order to improve the Board's ability to communicate with licensees, the Board will be pursuing statutory authority to allow it to require email addresses on its applications and renewal forms. Web-based communications will also reduce postage costs and provide a cost savings to the Board.

Staff Recommendation: ***The Board should advise the Committees of any statutory changes necessary to enable the Board to collect email addresses and to use email as a way to communicate with licensees and applicants.***

DBC Response: The Board will submit suggested statutory language to the Committees to enable the Board to collect email addresses.

ISSUE #2: DENTAL ASSISTING COUNCIL (COUNCIL). ***Should the Board examine ways to increase the availability of examinations? What is the Board's relationship with the Council, and how can the Council become more effective?***

Background: SB 540 (Chapter 385, Statutes of 2011) created the Council to consider all matters relating to dental assistants. The Council is composed of seven members, including the RDA member of the Board, another member of the Board, and five RDAs who represent a broad range of dental assisting experience and education. Two of the five RDA members are required to be employed as faculty members of a registered Board-approved dental assisting educational program, one must be licensed as an RDAEF, and one must be employed clinically in private dental practice or public safety net or dental health care clinics, and must be actively licensed. The Board makes all council appointments. No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Council members serve for a term of four years, and there are no term limits. Any resulting recommendations regarding scope of practice, settings, and supervision levels are made to the Board for consideration and possible further action.

The California Association of Dental Assisting Teachers, the California Dental Assistants Association, and the Foundation for Allied Dental Education, CADAT's foundation, have raised issues relating to

dental assistants, the Council, and the Board, and believe that the Council is not effectively representing the interests of the dental assisting community. Among other things, the associations assert there are not enough RDA examinations or examination sites available. According to the 2015 examination schedule, the practical examination will be offered nine times this year, with 18 possible testing dates, primarily alternating between testing sites in San Francisco and Pomona, and one scheduled test in Santa Maria. The associations also believe that the Board acted without sufficient public discussion when it recalibrated the practical examination and instituted changes relating to application processing criteria. While the Board has not changed examination criteria or any grading criteria, the Board recently instituted a new calibration process, and pass rates declined following the change. The associations also believe the Board should exercise more regulatory oversight and prevent delays associated with program approvals and regulation development, and that the Board should rely more heavily on national dental assisting standards. Lastly, the associations assert that the Board does not adequately respond to stakeholder concerns, and that Council appointees do not accurately reflect or represent the dental assistants.

Staff Recommendation: ***The Board should explain to the Committees why it recalibrated the RDA examination, and the decline in pass rates after the practical examination was recalibrated. The Board should inform the Committees about whether it has addressed, or is in the process of addressing, any of these concerns or requests, and explain any delays relating to program approvals and regulation development. The Board should explore ways to improve its relationships with stakeholders, and to empower the Council to better serve its role in vetting and making recommendations on dental assisting issues. The Committees should consider whether it would be appropriate to transfer council appointment authority from the Board to the DCA or to the Governor's Office and the Legislature, and whether term limits should be instituted.***

DBC Response: The Board is responsible for administration of the registered dental assistant (RDA) written and practical examinations. While the written examination is computer based and offered throughout the state in multiple testing facilities through an outside vendor, board staff continues to administer the practical examination. Examiners are calibrated before each examination. When the practical examination was administered by COMDA, examiners were calibrated by a dentist. However, when the program came under the Dental Board in July, 2009 the procedure changed and examiners, who themselves are RDAs, were calibrating themselves. There is no documentation as to why this procedure was changed. Within the last year, Board staff observed anomalies within the grading procedure and asked that a dentist come in to calibrate the examiners. Neither the examination nor the grading criteria has changed. However since the calibration has been conducted by a dentist rather than the RDAs, the candidate pass rate has declined.

In response to the fluctuating pass rates, the Board and Dental Assisting Council (DAC) have determined that an occupational analysis (OA) of the RDA profession must be conducted to determine how minimum competence may best be evaluated, to address concerns regarding the pass/fail rates of the currently administered RDA practical examination, and to determine whether or not the practical examination should be eliminated or changed. The results of the OA would establish the foundation of an examination program that protects the health, safety, and welfare of the public. Board staff has initiated the interagency agreement process with the Office of Professional Examination Services (OPES) to conduct the OA and estimates it will begin within the next month and may take up to a year to complete.

The Board and DAC are in the process of addressing all concerns raised regarding the current RDA practical examination. Over the last couple of years, the Board has faced challenges in securing suitable examination facilities. Such facilities are typically found at a dental school or dental assisting program and are not always readily available. In spite of this challenge, the Board has been successful in offering eighteen RDA practical examination days at three locations throughout California in 2012, 2013, and
2014. Sixteen practical examination days are planned for 2015, with additional dates to be added if necessary. In addition, Board staff has been able to identify a new examination location in Southern California, and continues to seek additional available sites for testing. While the associations believe there are a number of facilities willing to work with the Board to provide testing facilities, to date the Board has received notice from only one school which is willing to host an exam.

In addition to examinations, the Board is responsible for the review and approval of dental assisting educational programs and course applications. The Board receives approximately forty applications for approval from dental assisting programs and courses per year. With the transfer of responsibility for dental assisting in 2009, the board inherited a backlog of unprocessed applications for programs and courses, making it necessary for staff to direct its efforts at bringing approvals up to date. This was accomplished, and educational program and course approvals are now processed within 90 days provided there are no application deficiencies. At the October 2013 DAC meeting, staff provided a detailed report on the re-evaluation process with a tentative timeline for re-evaluation of RDA programs and educational courses as is required every seven years.

The Board continues to work closely with the DAC and stakeholders on the development of dental assisting educational regulations. Staff developed a working draft of proposed dental assisting educational program and course requirements and presented it to the DAC in November 2013. Subsequently, the DAC held a regulatory workshop in December 2013 to allow stakeholders the opportunity to participate in the development of the proposal. The process was temporarily put on hold during 2014 when legislation was introduced and subsequently signed into law that would require the development of additional educational regulations for RDAEFs. The Board anticipates that the development of dental assisting educational regulations will continue in 2015.

The Board remains committed to working with the DAC and stakeholders in a supportive and collaborative manner to explore ways to improve its relationships with these groups. To this end, Board staff conducted a Town Hall meeting in Sacramento with RDA program directors in April to discuss concerns surrounding the RDA practical examination. A similar meeting will be held at the end of May in Southern California. Board staff is also developing a newsletter to better communicate with RDA program directors and course providers.

ISSUE 3: DELAYED IMPLEMENTATION OF THE BREEZE CONTRACT. ***How does this impact the Board?***

Background: The "BreEZe Project" was designed to provide the DCA boards, bureaus, and committees with a new enterprise-wide enforcement and licensing system. The updated BreEZe system was engineered to replace the existing outdated legacy systems and multiple "work around" systems with an integrated solution based on updated technology. According to the DCA, BreEZe is intended to provide applicant tracking, licensing, renewals, enforcement, monitoring, cashiering, and data management capabilities. In addition, BreEZe is web-enabled and designed to allow licensees to complete and submit applications, renewals, and the necessary fees through the internet when fully

operational. The public also will be able to file complaints, access complaint status, and check licensee information, when the program is fully operational.

According to the original project plan, BreEZe was to be implemented in three releases. The budget change proposal that initially funded BreEZe indicated the first release was scheduled for FY 2012–13, and the final release was projected to be complete in FY 2013–14. In October 2013, after a one-year implementation delay, the first ten regulatory entities were transitioned to the BreEZe system. The Board is part of Release Two, which is scheduled to go live in March 2016, three years past the initial planned release date.

The total costs of the BreEZe project are funded by regulatory entities' special funds, and the amount each regulatory entity pays is based on the total number of licenses it processes in proportion to the total number of licenses that all regulatory entities process. To date, the Board has spent approximately $265,918 between FY 09/10 and 13/14 on pro rata and other costs to prepare for the BreEZe system transition, and is expected to spend $285,183 for FY 14/15, $541,457 for FY 15/16, and $573,193 for FY 16/17. The Dental Assisting Fund, which is also part of Release 2, has spent $199,697 on pro rata and other costs to prepare for BreEZe between FY 09/10 and FY 13/14, and is expected to spend $207,860 in FY 15/16, $401,161 in FY 215/16, and $425,365 in FY 16/17.

Some of these costs include staff costs. For example, the Board has assigned one staff services manager full time as the single point of contact for the Board's BreEZe business integration. In addition, staff has been designated as subject matter leads in different program areas, and several retired annuitants have been maintained in anticipation of the forthcoming resource demands while the system is tested, data migration is validated, and training of full time staff is conducted.

According to the Board, there are several challenges it is anticipating before successful implementation. One challenge includes the ability to schedule practical examinations for RDAs at various times and locations, because the existing off-the-shelf product that BreEZe was developed from did not contain this functionality. Another challenge is the inspection module functionality, which will be used to track the Board's inspection cases separate from its enforcement cases. Release 1 Boards chose not to use this feature, so the Board will be one of the first boards to use this module. Lastly, the Board notes that Release 2 will have an activity tracking component to track investigator time (and costs) as originally intended. In addition to these BreEZe-specific concerns, the Board noted in its report that it had existing issues with its legacy system that BreEZe was intended to solve, such as the ability to generate reports and the ability for multiple staff to have access to enforcement screens. The Board also notes that while it is in compliance with BPC § 114.5, which requires Boards to track and identify veterans, it is currently tracking this data internally while the BreEZe computer system is being developed.

Another issue of concern based on BreEZe's delayed implementation is the Board's absence of an investigative activity reporting (IAR) system. After the Board's last sunset review, it utilized the IAR, which was owned and supported by the Medical Board of California (MBC), to track the Board's cases. However, the MBC has been integrated into BreEZe and they are no longer using the IAR. In addition, the Board notes that the IAR was discontinued last spring when the Board upgraded its computers because the new operating system would not support the IAR format. As a result, investigators at the Board are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

Staff Recommendation: ***The Board should update the Committees on whether any of the above-***

mentioned concerns have been or will be addressed in Release 2. The Board should inform the Committees of any difficulties in remaining on its legacy systems, and whether any additional stop-gap technological measures are needed until BreEZe is implemented, especially in light of the loss of the IAR system and its current practice of manually tracking casework. The Board should inform the Committees of how BreEZe expenditures have affected its funds, and whether the Board will need to generate additional revenue to support BreEZe expenditures going forward.

DBC Response: It is the Board's belief that the challenges identified in the background report relating to BreEZe will be addressed prior to implementation. Board staff has been working closely with the vendor to design a module that will give the Board the ability to schedule RDA practical examinations at various times and locations, as well as issue the results of the examination. Currently, the vendor is still in the process of configuring the module. In addition, staff has been working with the vendor to ensure that the inspection module has been updated to include the Board's requirements. The Board believes this functionality will enable accurate reporting of inspections completed by the Board.

Finally, the Breeze system has a built in activity tracking component so that time spent on investigations and costs associated with the case can be captured. The Department and Board staff are working with the vendor on the ability to generate reports specific to the Board's needs; and to ensure multiple staff access to enforcement screens in Breeze.

To date, the Board has spent approximately $265,918 between FY 09/10 and 13/14 on pro rata and other costs to prepare for the BreEZe system transition, and is expected to spend $285,183 for FY 14/15, $541,457 for FY 15/16, and $573,193 for FY 16/17. The Dental Assisting Fund, which is also part of Release 2, has spent $199,697 on pro rata and other costs to prepare for BreEZe between FY 09/10 and FY 13/14, and is expected to spend $207,860 in FY 15/16, $401,161 in FY 215/16, and $425,365 in FY 16/17. Both funds are challenged by this added expense and the Board will be looking at ways to generate additional revenue to support BreEZe expenditures going forward.

ISSUE #4: PRO RATA. *What is the impact of pro rata on the Board's functioning?*

Background: Through its various divisions, DCA provides centralized administrative services to all boards and bureaus. Most of these services are funded through a pro rata calculation that is based on "position counts" and charged to each board or bureau for services provided by personnel, including budget, contract, legislative analysis, cashiering, training, legal, information technology, and complaint mediation. DCA reports that it calculates the pro rata share based on position allocation, licensing and enforcement record counts, call center volume, complaints and correspondence, interagency agreement, and other distributions. In 2014, DCA provided information to the Assembly Business, Professions and Consumer Protection Committee, in which the Director of DCA reported that "the majority of [DCA's] costs are paid for by the programs based upon their specific usage of these services." DCA does not break out the cost of their individual services (cashiering, facility management, call center volume, etc.).

Over the past four years, the Dental Fund has spent roughly an average of 11% of its expenditures on DCA pro rata, while the Dental Assisting Fund has spent roughly 18%. The Board receives the following services from DCA for its pro rata: accounting, budget, contracts, executive assistance, information technology, investigation, legal affairs, legislative and regulatory review, personnel, and public affairs. While it appears DCA provides assistance to the Board, it is unclear how the rates are charged and if any of those services could be handled by the Board instead of DCA for a cost savings.

Staff Recommendation: ***The Board should advise the Committees about the basis upon which pro rata is calculated, and the methodology for determining what services to utilize from DCA. In addition, the Board should discuss whether it could achieve cost savings by providing some of these services in-house. The Board should inform the Committees of why the Dental Assisting Fund's pro rata costs are higher than the Dentistry Fund's pro rata costs.***

DBC Response: The Department's pro rata costs are allocated to each board and bureau based on authorized position counts, licensing and enforcement transactions, various IT related cost centers, and prior year workload volumes; there are no pro rata costs that are allocated based on a board or bureau's budget. As such, the percentages derived above (11% for the Dental Board and 18% for the RDA Program), unfortunately have no relationship to how pro rata is actually allocated. The differences in these percentages can be attributed, in some part, to the services used by each entity. For example, the RDA has an interagency agreement with the Office of Professional Examination Services, which is included in its pro rata budget, but the Dental Board does not.

In terms of achieving savings by providing services in house, the DCA has contracted with CPS Consulting to perform a study of their pro rata calculation, as required by Section 201(b) of the Business and Professions Code. The study will not only determine if the current allocation methodologies are the most productive, efficient, and cost-effective, but will also address whether some of the administrative services offered by the department should be outsourced to the Board or to another entity of the Board's choice. Currently the board may choose whether or not to use the services of OPES, the Call Center, Complaint Intake, Correspondence, Outreach and the Division of Investigations. If those services are not used, its pro rata share will subsequently be adjusted in the next budget cycle to reflect the change.

BUDGET AND STAFFING ISSUES

ISSUE #5: DENTAL FUND CONDITION. ***Is the Board adequately funded to cover its administrative, licensing, and enforcement costs; to continue to improve its enforcement program; and to ensure it is fully staffed?***

Background: The Dentistry Fund is maintained by the Board and includes the revenues and expenditures related to licensing for dentists. For sixteen years, the license fee for dentists was set at $365. In 2013, for the first time in 16 years, the Board increased its license fee for dentists from $365 to its statutory cap at the time of $450. These regulations went into effect on July 1, 2014. During that time, the Board also pursued an increase in statute from $450 to $525. SB 1416 (Block, Chapter 73, Statutes of 2014) raised the Board's fee for initial and renewal licenses for dentists from $450 to $525, and set fees at that level. During that time, an analysis conducted by the DCA's Budget Office determined that the license fees should be raised to $525 to ensure solvency into the foreseeable future. While fees increased have generated additional revenue, the Board expenditures, projected to be over $12M per year, continue to outpace its revenue, projected to be less than $11M per year, thus perpetuating a structural imbalance.

Part of the reason for the increase in projected and actual expenditures in recent years has been due to funding 12.5 CPEI positions; funding the diversion program; increased expenses associated with BreEZe; unexpected litigation expenses; and the general increase in the cost of doing business over the past 16 years. While the Board has expended less than what it has been authorized by the budget due to some cost savings and reimbursements, the Board emphasizes that its fund should be able to sustain expenditures without relying on estimated savings or reimbursements.

Based on data from the past five fiscal years, the Board calculated that the Dentistry Fund will be able to sustain expenditures into FY 2017/18 before facing a deficit. According to budget information presented at its February 2015, Board meeting, the Board projects it will only have 0.5 months in reserve in FY 2016/17. The Board is currently undergoing a fee rate audit to determine the appropriate fee amounts to assess and to project fee levels into the future. The fee audit will also take into account the funds necessary to establish a reserve of four to six months for economic uncertainties and unanticipated expenses, such as legislative mandates and the DCA costs. In addition, while the Dental Assisting Program has its own staff for Licensing and Examination, paid for by its fund, the rest of the functions relating to dental assisting, such as administration and enforcement, are performed by Board staff and paid for by the Dentistry Fund. As a result, the fee audit will examine the appropriate fees and costs for the Dental Assisting Fund, which currently does not pay the Dentistry Fund for any costs associated with administration or enforcement and has a very large reserve. After the results of the fee audit come out, the Board anticipates requesting an increase in the statutory fee caps, so that going forward, the Board may raise fees incrementally and within the cap, as necessary, to ensure a healthy budget. The fee audit will be available shortly.

***Staff Recommendation*: The Board should share the fee audit with the Committees as soon as that information is available to determine the appropriate fee caps for licensees. The Board should consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting, and to share all staff and costs. If the Board determines that funds should remain separate, the Board should ensure that the Dental Assisting Fund reimburses the Dentistry Fund for any costs incurred.**

DBC Response: The final report on the Board's fee audit is available on the Board's website at http://www.dbc.ca.gov/formspubs/fear2015.pdf. The audit made several recommendations which the Board will consider at future meetings, including creating a structural budget, setting a reserve target and policies on its use, developing value-based cost-recovery policies, updating fees regularly and incrementally, and conducting a fee analysis every four to five years. This fee audit will assist staff in determining the appropriate maximum fee ceilings that will need to be raised in statute. Since the Board raises fees through the regulatory process, raising the fee ceilings in statute will give the Board authority to move forward with promulgating regulations for appropriate fee increases when necessary in the future.

The Board will re-consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting funds, and to share all staff and costs. The auditor has commented that merging the funds is not necessary or recommended at this time. However, the Board should ensure that the dental assisting fund reimburses the dentistry fund for any costs incurred.

LICENSING ISSUES

ISSUE #6: FOREIGN DENTAL SCHOOL APPROVAL. ***Is the process for approving foreign dental school sufficient? Should the Board consider heavier reliance on accrediting organizations for foreign school approvals if those options become available?***

Background: Since 1998, the Board has authority, under BPC § 1636.4, to conduct evaluations of foreign dental schools and to approve those who provide an education equivalent to that of accredited institutions in the United States and adequately prepare their students for the practice of dentistry. At present, the Dental Board has approved only one international dental school, De La Salle School of

Dentistry, located in Leon, Guanajuato, Mexico.

In developing standards and procedures to be utilized in the evaluation and approval process of foreign dental schools, the Board has relied significantly on CODA standards. However, the Board has not updated its regulations to reflect changes that have been made to CODA standards over the years since the inception of this legislation. As a result, the Board may be assessing new programs using old standards. It is important to note the language under BPC § 1636.4 appears broad enough to reflect
any updates, for example, by stating that foreign schools should be "equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry." To date, CODA has not approved any international dental schools, although it does recognize dental schools approved by the Commission on Dental Accreditation of Canada. However, CODA offers fee-based consultation and accreditation services to established international dental education programs. International programs seeking accreditation undergo a preliminary review and consultation process, after which they may be recommended to pursue accreditation through CODA. CODA has adopted the policy that international programs must be evaluated by, and comply with, the same standard as all US programs.

The Board is authorized to contract with outside consultants or a national professional organization to survey and evaluate foreign schools. The Board is required to establish a technical advisory group (TAG) to review and comment upon the survey and evaluation of the foreign dental school. The TAG is selected by the Board and consists of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the TAG may be affiliated with the school seeking certification. After a complete application is sent, the Board has 60 days to approve or disapprove the application, and grants provisional approval if the school is substantially in compliance with dental school regulations. Unless otherwise agreed to, the Board appoints a site team to make a comprehensive, qualitative onsite review of the institution within six months receipt of a complete application. The school is required to pay all reasonable costs incurred by the Board staff and the site team relating to site inspection. The site team prepares and submits a report to the TAG, which will review the report and make a recommendation to the Board.

In October of 2014, the *Public Institution State University of Medicine and Pharmacy, "Nicolae Testemitanu," of the Republic of Moldova*, represented by Senator (ret.) Richard Polanco, submitted an application and the required fee for approval. This school's dental program would only serve students from the United States. This school is not CODA-approved, and has not applied for accreditation from any other state. At its November Board meeting, the Board appointed a subcommittee to review the application, and has since determined the application was not complete and provided guidance on how to improve the application. At the Board's February Board meeting, it appointed two of the school's candidates and two of its Board Members to the TAG. The Board is continuing to follow the process outlined in the statute and regulations relating to this approval.

Staff Recommendation: ***The Board should keep the Committees informed of any concerns relating to foreign school approvals. The Board should update its school approval standards, which were based on CODA standards in effect at the time, to reflect current CODA standards. The Board should inform the Committees of any advancements made by CODA with regards to foreign school approvals. If CODA, which is the national and soon-to-be international accrediting body for dental schools, is stepping into the realm of foreign dental school approvals, the Board may consider whether it should be involved in approving foreign dental schools, or whether it could rely on***

accrediting bodies like CODA to approve such schools.

DBC Response: The Board is responsible for the approval of international dental schools based upon standards established pursuant to BPC Section 1636.4(d). The process for application, evaluations, and approval of international dental schools is outlined in BPC 1636.4 and Title 16, CCR 1024.3-1024.12. As mentioned in the background report, the institutional standards upon which the Board evaluates foreign dental schools were initially established based upon the Commission on Dental Accreditation (CODA) standards, used for dental schools located within the United States. At that time CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the Board has not kept pace with these changes by updating its regulations to reflect current CODA standards in order to evaluate foreign dental schools. Board staff will recommend that updating these regulations be considered at the August meeting when the Board establishes its regulatory priorities for the coming year.

Advancements have been made at CODA with regard to international dental school accreditation. Since 2007, CODA has had a rigorous and comprehensive international accreditation program for predoctoral dental education. Prior to applying for accreditation by the Commission, the international predoctoral dental education program must undergo consultative review by the Joint Advisory Committee on International Accreditation (JACIA). The JACIA is a joint advisory committee made up of CODA Commissioners and ADA members; its activities are separate from the Commission but supported by CODA staff and volunteers. Information about the JACIA process can be found at: http://www.ada.org/en/coda/accreditation/international-accreditation/

In essence, the JACIA process requires the following steps (details of each activity are outlined in the PDF Guidelines on the website):

1. International predoctoral dental education program submits a Preliminary Accreditation Consultation Visit Survey (PACV-Survey). The PACV-Survey is reviewed by JACIA and if a consultative visit is warranted, the program is allowed to move to step 2.
2. Observation of a CODA predoctoral site visit and individual consultation with CODA staff and site visitor. Costs incurred are at the international program's expense.
3. International dental education program completes the Preliminary Accreditation Consultation Visit Self-Study (PACV-Self-Study) and consultation visit. This is a comprehensive, fee-based site visit (PACV-Site Visit) with programmatic consultation by CODA site visitors.
4. Application for CODA accreditation. The JACIA reviews the findings and recommendations of the PACV-Site Visit and determines whether the program has potential to be successful in the Commission's accreditation process. If the preliminary determinations are favorable, the program may seek CODA accreditation.

Currently there are a number of international dental schools utilizing the CODA consultative services. However to date, no international dental school has achieved accreditation from CODA.

Upon the recommendation of legislative staff, the Board may consider at a future meeting, whether it should be involved in approving foreign dental schools, or whether it could rely on accrediting bodies like CODA to approve such schools.

EXAMINATION ISSUES

ISSUE #7: OCCUPATIONAL ANALYSIS (OA) FOR RDAs AND RDAEFs. *Should the Board conduct an OA for RDAs and RDAEFs?*

Background: At the time of the Board's last sunset review, pass rates for the RDA written examination were 53%. Since then, the Board reports that it implemented a new RDA written examination, which resulted in a pass rate that fluctuates between 62-70% depending on the candidate pool. The average pass rate for all RDA written examinees was 66% in 2012, 62.7% in 2013, and 64% in 2014. The pass rates for the RDA Practical Exam averaged roughly 83% over the past four fiscal years. However, in 2014, pass rates dropped dramatically. In August of 2014, only 47% of 498 examinees in Northern California passed, while only 24% of 486 examinees in Southern California passed. In addition, the pass rate for the RDAEF Practical Exam has shown a major decrease from 83% in FY 10/11 to just over 56% in FY 13/14. The sharp declines in pass rates occurred after the practical examinations were recalibrated, as discussed in Issue #2 above.

In FY 10/11, there was only one approved program that administered the RDAEF Practical Exam. Since that time, three additional schools have been added. Historically, retake pass rates (0% - 52%) are lower than for first time candidates. All the RDA and RDAEF schools are required to maintain the same curriculum as provided in 16 CCR Sections 1070 to 1071. The Board is authorized to determine if and when a re-evaluation is needed. Currently, the Board is looking at the need for an occupational analysis (OA) of RDA and RDAEF programs in order to validate both practical exams. The last OA for both examinations was conducted in 2009.

BPC § 139 specifies that the Legislature finds and declares that OA and examination validation studies are fundamental components of licensure programs and the DCA is responsible for the development of a policy regarding examination development and validation, and occupational analysis. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining a professional license. To that end, licensure examinations must be developed following an examination outline that is based on a current occupational analysis; regularly evaluated; updated when tasks performed or prerequisite knowledge in a profession or on a job change, or to prevent overexposure of test questions; and reported annually to the Legislature. According to the Department's policy, an occupational analysis and examination outline should be updated at least every five years to be considered current.

At the November 2014 Board meeting, staff reported during a joint meeting of the Council and the Board's Examination Committee (Committee) that an occupational analysis may be necessary in the near future. The Council and the Committee discussed concerns relating to the RDA practical examination and the fact that the pass rate has decreased over the last year, and staff recommended that an OA of the RDA and RDAEF professions may be appropriate, especially since the Board has not had an opportunity to conduct a complete OA for the RDA and RDAEF since their licensing programs were brought under the umbrella of the Board in 2009. Such an OA is projected to be $60,000 and could take up to a year to complete. Board staff notes that the cost would be absorbable by the Dental Assisting budget.

Staff Recommendation: ***The Board should undertake the OA for the RDA and RDAEF examinations, and consider whether a practical examination is the most effective way to demonstrate minimal competency for those licensees. The Board should continue to monitor***

examination passage rates, and pursue any legislative changes necessary to reflect current practices as determined by the OA.

DBC Response: The Board and the Dental Assisting Council (DAC) have discussed the RDA practical examination pass/fail rates over the course of several meetings. Since neither the grading criteria, nor the examination itself has changed, the reasons for the decline in pass rates are currently under investigation. The Board has determined that an occupational analysis (OA) of the RDA profession, including Registered Dental Assistants in Extended Functions (RDAEFs) must be conducted to determine how minimum competence may be best evaluated and to address concerns regarding the pass/fail rates of the currently administered RDA practical examination. Board staff has initiated the interagency agreement process with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) to conduct the OA and estimates it will take up to a year to complete. In addition, the Board will continue to monitor examination pass rates and will pursue any legislative changes necessary to reflect current practices as determined by the OA.

ISSUE #8: ACCEPTANCE OF ADDITIONAL REGIONAL EXAMINATIONS. ***Should the Board consider accepting the results of the American Board of Dental Examiners, Inc. (ADEX) examination?***

Background: In August of 2014, the Senate Business, Professions and Economic Development Committee (Committee) was contacted by Mercury, a company representing the North East Regional Board of Examiners (NERB), now known as the Commission on Dental Competency Assessments (CDCA). The CDCA inquired if the Committee would consider legislation to accept the ADEX results as a pathway to licensure in California, similar to WREB, the regional examination the Board currently accepts. On August 22, 2014, AB 2750 was amended to allow applicants to satisfy examination requirements by taking an examination administered by the former-NERB or an examination developed by the American Board of Dental Examiners, Inc. (ADEX). The Committee recommended Mercury contact the Board to discuss the request for future consideration. Additionally, the Committee suggested that the Board review the issue of accepting the NERB examination results and other regional board examinations as a pathway to licensure in California during the upcoming Sunset Review process. AB 2750 was held in the Senate Rules Committee.

ADEX is a non-profit corporation comprised of state boards of dentistry focused on the development of uniform national dental and dental hygiene clinical licensure examination for sole use by state boards to assess competency. ADEX does not administer any examinations. ADEX is administered by the regional testing agencies, including CDCA (formerly NERB), the Southern Regional Testing Agency, and the Coalition of Independent Testing Agency. The content validity of the ADEX examination is based on a national independent occupational analysis (OA) completed in 2011. Currently the ADEX examination is accepted in 43 US states, 3 US territories, and Jamaica.

In accordance with BPC § 139, the Board would need to conduct examination validation studies and an occupational analysis to assess the feasibility of accepting the additional examination pathway. Any decision to accept an additional pathway will require legislative changes to the Dental Practice Act. At its November 2014 Board meeting, the Examination Committee discussed this issue, and the Board appointed a subcommittee of two Board Members~~,~~ to work with staff in researching the feasibility of accepting other regional examinations.

Staff Recommendation: ***The Board should keep the Legislature informed about the feasibility of accepting this examination, and the extent to which accepting the ADEX examination might affect licensure in the state. The Board should consult with other stakeholders, including professional associations and California-approved dental schools to understand and prepare for any consequences relating to a new examination. The Board should inform the Legislature of the cost to validate this examination, and whether accepting another examination as a path to licensure will incur any additional costs, for example, for requiring additional staff or modifying BreEZe to accommodate a new examination for licensure.***

DBC Response: The Board will be working with ADEX representatives, stakeholders, and California dental schools, to determine the feasibility of accepting this examination as a pathway to licensure in California. The costs for implementation of this new pathway are anticipated to be substantial due to the examination requirements specified within BPC § 139, additional staff that may be required to process the additional workload, and modifications that would need to be made to BreEZe to accommodate a new examination for licensure.

Any decision to accept an additional pathway will require legislative changes to the Dental Practice Act. The Board has been notified that ADEX anticipates carrying this legislation.

PRACTICE ISSUES

ISSUE #9: PATIENT NOTIFICATION AND RECORD KEEPING. *Should dentists be required to notify patients upon a change in ownership of a dental practice or upon retirement?*

Background: Consumer investigator Kurtis Ming, from "Call Kurtis," a consumer advocacy segment on Sacramento's local CBS news affiliate, reached out to the Senate Business, Professions and Economic Development Committee and the Board to determine if there were any complaints from patients about dentists selling their practice without notifying their patients, who subsequently end up harmed by the new dentists.

According to the Board, it was not aware of a trend in these cases. Although the Board noted there are no laws that require specific actions when someone is selling their dental practice, it is considered proper standard of care for dentists to notify patients when business practices change, such as bringing on an additional associate, retirement, or selling the practice. In addition, BPC § 1680(u) defines unprofessional conduct to include, "The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized."

The Board reported that it has seen a rise in the number of cases when a licensee is no longer in possession of a patient's records. This may be related to the sale of a practice, or instances when the licensee has abandoned a practice. When a licensee fails to produce patient records within 15 days, he or she may be subject to an administrative citation. In addition, if the licensee has walked away from the practice without notifying the patients, he or she may be subject to discipline for patient abandonment. There is no general law requiring dentists to maintain records for a specific period of time. However, there may be situations when providers are required to maintain records for a certain

time period, for example, for reimbursement purposes. The MBC also does not have any requirements relating to patient notification when a licensee retires or sells his or her practice, or relating to retention of patient records.

Staff Recommendation: ***The Committees should determine whether it should require dentists to notify patients upon a change in ownership or when a licensee retires. The Board should explore exactly what type of notification should be required, when that notice should be given, and whether a licensee should be required to keep or transfer patient records under those circumstances. The Committees may also consider whether patient notification requirements should be required not only for dental professionals, but also for other healing arts professionals.***

DBC Response: As was mentioned in the background, the Board has not received a significant number of complaints from patients about dentists selling their practice without notifying their patients, and who subsequently end up harmed by the new dentists. Board staff will research the issue and bring the information before the Board for discussion at a future meeting.

ISSUE #10: BPC § 726: UNPROFESSIONAL CONDUCT. ***Should dental professionals be authorized to provide treatment to his or her spouse or person with whom he or she is in a domestic relationship?***

Background: BPC § 726 prohibits, "The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action" for any healing arts professional. BPC § 726 exempts sexual contact between a physician and surgeon and his or her spouse, or person in an equivalent domestic relationship, when providing non-psychotherapeutic medical treatment. SB 544 (Price, 2012) would have, among other things, amended BPC § 726 to provide an exemption for all licensees who provide non-psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships, instead of only exempting physicians and surgeons. This bill was held in the Senate Business, Professions and Economic Development Committee. The California Dental Association (CDA) and the California Academy of General Dentistry (CAGD) have both requested amending this section to also exempt dentists who are treating their spouses or person in an equivalent domestic relationship.

Staff Recommendation: ***The Committees should consider whether exempting dentists maintains the spirit of the law and determine whether additional conditions are necessary to ensure that spouses and domestic partners are protected.***

DBC Response: The Board is aware of this request from stakeholders and will consider any recommendations by the Committees to ensure public protection.

ISSUE #11: ENSURING AN ADEQUATE AND DIVERSE DENTAL WORKFORCE. ***Does California have the workforce capacity to meet dental care needs, especially in underserved areas? Should the Board enhance its efforts to increase diversity in the dental profession?***

Background: According to the Office of Statewide Health Planning and Development (OSHPD), Dental Health Professional Shortage Areas (DHPSA), are designated based upon the availability of dentists and dental auxiliaries. To qualify for designation as a DHPSA, an area must have a general

dentist practice ratio of 5,000:1, or 4,000:1 plus population features demonstrating "unusually high need" and a lack of access to dental care in surrounding areas because of excessive distance, overutilization, or access barriers. According to OSHPD, over 50% of dentists (18,659) reported residing in five California counties, while the five counties with the fewest number of dentists combined had a total of 18 dentists. Approximately 5% of Californians (nearly 2 million individuals) live in a DHPSA. As a result, while California has a large number of dentists, they are not evenly distributed across the state.

In addition, due to recent changes in California law, insurance products sold under California's Health Benefit Exchange, Covered California, are required to offer pediatric dental benefits as part of their benefits package. While the Affordable Care Act (ACA) required all insurance plans to include oral care for children, the dental benefit was an optional benefit until last year, which resulted in less than one-third of the children who bought medical coverage also purchasing the dental coverage. In addition, Covered California is also offering new family dental plans to consumers who enroll in health insurance coverage in 2015. As a result, the state can expect to see the need for dental services increase. According to a 2013 Children's Partnership report, *Fix Medi-Cal Dental Coverage: Half of California's Kids Depend on It*, an estimated 1.2 million children alone will have access to dental coverage, and child enrollment in Medi-Cal's dental program alone will total 5 million. That report also notes that according to a 2005 study, nearly a quarter of California's children between the ages of 0 and 11 have never been to the dentist.

The Board has had discussions relative to increasing workforce capacity in the light of the ACA, which always include the need to increase capacity in underserved and rural areas, and monitors OSHPD data relating to workforce capacity. Last year the Board revised its Strategic Plan to highlight access to quality care in its vision statement and include diversity in our values. One objective is to identify areas where the Board can assist with workforce development, including the dental loan repayment program, and publicize such programs to help underserved populations. The Board also established an Access to Care Committee to monitor the implementation of the Affordable Care Act and to ensure that the goals and objectives outlined in its Strategic Plan are carried out. The Committee will work with interested parties, including for-profit, non-profit and stakeholder organizations, to bring increased diversity in the dental profession.

In addition, according to a 2008 report from OSHPD's Healthcare Workforce Diversity Council, *Diversifying California's Healthcare Workforce, an Opportunity to Address California's Health Workforce Shortages*, the underrepresentation of racial and ethnic groups in California's health workforce is a major issue, as these communities are less likely to have enough health providers, resulting in less access to care and poorer health. Research shows that underrepresented health professionals are more likely to serve in underserved communities and serve disadvantaged patients, so diversifying California's health workforce can significantly reduce disparities in healthcare access and outcomes, as well as help address workforce needs.

The Board reported that CODA accreditation standards, which the Board relies upon, require dental schools to have policies and procedures that promote diversity among students, faculty, and staff, and places a high value on diversity, including ethnic, geographic, and socioeconomic diversity. The Board also accepts courses in cultural competencies towards its CE requirements. In addition, the Board participates in the OSHPD project to create a health care workforce clearinghouse in accordance with SB 139 (Scott, Chapter 522, Statutes of 2007), which will allow OSHPD to deliver a report to the Legislature that addresses employment trends, supply and demand for health care workers, including

geographic and ethnic diversity, gaps in the educational pipeline, and recommendations for state policy needed producing workers in specific occupations and geographic areas to address issues of workforce shortage and distribution. Results may be found in OSHPD facts sheets on dentists and RDAs, which include information on supply, geographical distribution, age, and sex, but do not include information on ethnic or language diversity.

The Board has also been collecting workforce data pursuant to AB 269 (Eng, Chapter 262, Statutes of 2007) since January 1, 2009. It was the intent of the Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. The Board developed a workforce survey, which licensees are required to complete upon initial licensure and license renewal. Foreign language and ethnic background questions are both optional. The online results of the survey are manually input by staff into one data file, which is downloaded annually to the Board's Web site. The current report is approximately 299 pages and posts the raw data on its Web site, since AB 269 was not accompanied with funds for staff or a computer program to work on this project and manipulate this data. However, the Board has recently partnered with the Center for Oral Health, which will take that data and put it into a useable format, which will be presented at an Access to Care Committee meeting.

Staff Recommendation: ***The Board should continue to collaborate with interested stakeholders to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. The Board should continue to monitor information provided by OSHPD and the industry on possible workforce shortages, and advise the Committees on workforce issues as they arise. The Board should inform the Committees of the Center for Oral Health's findings based on AB 269 data, and whether there are ways to make this data more useful.***

DBC Response: The Board continues to collaborate with interested parties to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. At its February 2015 Board meeting, representatives from the Center for Oral Health (COH) gave a presentation on dental workforce data and the opportunities and challenges associated with interpreting the data in a meaningful way to effect policy decisions. COH pointed out a number of challenges with the Board's data that if addressed, could yield more useful information; e.g., existing data sources are not linkable and not reliably accurate; not easily accessible, some data elements are not collected. COH recommended the Board enhance overall data capacity over time by modifying the data that exists to make it accurate, useful, and available; collaborate with partners for action and analyses, develop a data enhancement strategy for future workforce analyses, and utilize improved data to strategically improve access to care in California. The Access to Care Committee will be discussing these recommendations at future meetings.

ISSUE #12: DENTAL CORPS LOAN REPAYMENT PROGRAM. Over half of the money that has been available to this program for over a decade ago remains unused. How can the Board ensure greater participation in this program?

Background: AB 982 (Firebaugh, Chapter 1131, Statutes of 2002) established the California Dental Corps Loan Repayment Program. The dental corps program, which is administered by the DBC, assists dentists who practice in dentally underserved areas with repayment of their dental school loans.

Under the program, participants may be eligible for a total loan repayment of up to $105,000. A total of three million dollars ($3,000,000) was authorized to expend from the State Dentistry Fund for this program. SB 540 (Price, Chapter 385, Statutes of 2011) extended the program until all monies in the account are expended. To date, the Board has awarded funds to 19 participants. The practice locations are throughout the state. The facilities are located in Bakersfield, Chico, Compton, Corcoran, Los Angeles, Petaluma, Redding, San Diego, San Francisco, San Ysidro, Smith River, Vallejo, Ventura, Vista, Wasco and West Covina. The first cycle of applicants was received in January 2004, and the Board approved nine of 24 applicants, paying a total of $739,381 was paid over a three-year period. A second cycle of applicants was received in July 2006, and the Board approved six of 21 applicants, paying a total of $643,928 over a three-year period. In September 2010, the Board opened a third cycle of applications and approved the only applicant. In October 2012, the Board opened a fourth cycle of applications and approved all three applicants. Approximately $1.63 million is left in the account.

The Board promotes this program on its website and includes this information in its presentation to senior students in California dental schools. In addition, the Board has worked with stakeholders and professional associations to distribute this information through their publications. Staff is continuing to research other loan repayment programs offered by the California Dental Association, the MBC, and the OSHPD, and the Access to Care Committee is currently examining the issue to determine how to increase participation in the program.

AB 982 also established a similar program for physicians and surgeons to be administered by the MBC, which was renamed the Steven M. Thompson Physician Corps Loan Repayment Program by AB 1403 (Nunez, Chapter 367, Statutes of 2004. However, in 2005, the MBC sponsored AB 920 (Aghazarian, Chapter 317, Statutes of 2005), which transferred this program to the Health Professions Education Foundation (HPEF). At the time, the MBC noted that the transfer of the program would help both the program and the HPEF because the HPEF is better equipped to seek donations, write grants, and continuously operate the program. HPEF is the state's only non-profit foundation statutorily created to encourage persons from underrepresented communities to become health professionals and increase access to health providers in medically underserved areas. Supported by grants, donations, licensing fees, and special funds, HPEF provides scholarship, loan repayment and programs to students and graduates who agree to practice in California's medically underserved communities. Housed in OSHPD, HPEF's track record of delivering health providers to areas of need has resulted in approximately 8,776 awards totaling more than $92 million to allied health, nursing, mental health and medical students and recent graduates practicing in 57 of California's 58 counties.

Staff Recommendation: ***The Board should inform the Committees of whether it has sought matching funds from foundations and private sources as authorized under AB 982. The Board should continue to explore ways to increase participation in the program, including whether it should transfer administration of the program to the HPEF, which may be better equipped to generate and distribute funds under the program. The Board should advise the Committees on whether any statutory changes are necessary to fully utilize this program. The Committees should ensure this money, which has been available for use for over the last 10 years, is distributed and used to increase access to care in underserved areas.***

DBC Response: In 2002, legislation established the Board's authority to spend $3 million to fund a loan repayment program to assist dentists who practice in dentally underserved areas with repayment of their dental school loans. Early on, there were as many as 24 applicants per cycle seeking these

funds. For unexplained reasons, applications dropped off for three years between 2007 and 2010. Since 2010, the number of candidates seeking application to these funds has dwindled to one to three applicants per cycle. The Board has not sought matching funds from foundations and private sources as authorized under AB 982 to increase this fund.

The Board's Access to Care Committee is in the process of exploring why applications have dropped off and whether or not the Board's requirements are more restrictive than those of other organizations having success with similar programs. The Board will continue to explore ways to increase participation in the program, including whether it should transfer administration of the program to the HPEF.

ISSUE #13: DIFFICULTY COLLECTING CITATIONS AND FINES AND COST RECOVERY. *How can the Board enhance its efforts to collect fines and cost recovery?*

Background: BPC § 125.9 authorizes the Board to issue citations and fines for certain types of violations of the Act. Among other things, the Board is authorized to issue administrative citations to dentists who fail to produce requested patient records within the mandated 15-day time period (BPC §1684.1(a)(1)) or who fail to meet standards as evidenced through site inspections (BPC §1611.5)). The Board continues to hold licensees accountable to this timeframe and issues citations with a $250/day fine, up to $5,000 maximum. The Board also addresses a wider range of violations that can be more efficiently and effectively addressed through a cite-and-fine process with abatement or remedial education outcomes, for example, when patient harm is not found. The length of time before administrative discipline could result is also taken into consideration when determining whether a case is referred for an accusation or an administrative citation is more appropriate to send a swift message regarding unprofessional conduct or to achieve prompt abatement, and citations can address skills and training concerns promptly. The Board typically issues administrative fines up to a maximum of $2,500 per violation, with totals averaging $3,506 per citation.

When issuing citations, the Board's goal is not to be punitive; rather, the Board seeks to protect consumers by getting the dentist's attention, re-educating him or her as to the DPA, and emphasizing the importance of following dental practices that fall within the community's standard of care. When deciding whether to issue a citation and an appropriate corresponding fine, factors such as the nature and severity of the violation and the consequences of the violation (e.g., potential or actual patient harm) are taken into account. Examples of "lesser" violations of the DPA that may not warrant referral to the OAG, but where a citation and fine may be more appropriate, include documentation issues (e.g., deficient records/recordkeeping), advertising violations, failure to keep up with continuing education requirements, unprofessional conduct for the failure to disclose or report convictions (e.g., DUI), and disciplinary actions taken by another professional licensing entity. In addition to using citations as a tool to address less egregious violations that would not otherwise result in meaningful discipline, the Board views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain undisclosed.

CITATION AND FINE	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Citations Issued	42	15	28	82
Average Days to Complete	127	339	410	272
Amount of Fines Assessed	$135,900	$28,000	$55,200	$301,150
Reduced, Withdrawn, Dismissed	0	7	4	8
Amount Collected	$15,850	$10,469	$88,026	$28,782

*The increase in citations in FY 13/14 was due to one individual to whom the Board issued 48 citations to one

individual who did not provide records based on 48 complaints received by the Board. The subject's license was revoked. Another reason for the increase in citations was based on the Board escalating the number of inspections for infection control standards.

BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. When a license is revoked, the individual's ability to secure gainful employment and reimburse the Board is diminished significantly. Presently, the Board does not use the Franchise Tax Board (FTB) Intercept program to collect citation fines. While the amount in assessed fines has increased dramatically, the amount collected has fallen and reflects only a small portion of fines assessed.

The Board, however, emphasizes that when it issues citations, its goal is not to be punitive. Rather, the Board uses citations as a tool to protect the health and safety of California's consumers by gaining dentists' compliance and/or helping them become better dental care providers by re-educating them as to the Act. In addition, the Board believes that the ability to assess a larger fine will get individuals to take the Board's citations more seriously. The Board has identified increasing the maximum fine per violation from $2,500 to $5,000 per violation as one of the Board's regulatory priorities for FY 15/16.

BPC § 125.3 specifies that in any order issued in resolution of a disciplinary proceeding before any board, the Administrative Law Judge (ALJ) may direct the licensee at fault to pay for the reasonable costs of the investigation and enforcement of the case. The Board's request for recovery is made to the presiding ALJ who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery, or may reject the Board's request. In addition to cost recovery in cases that go to hearing, the Board also seeks cost recovery for its settlement cases.

It continues to be the Board's policy and practice to request full cost recovery for all of its criminal cases as well as those that result in administrative discipline (BPC § 125.3). The Board also has authority to seek cost recovery as a term and condition of probation. In revocation cases, where cost recovery is ordered, but not collected, the Board will transmit the case to the FTB for collection. The Board may also pend ordered costs in the event the former licensee later returns and petitions for reinstatement. The Board also experiences difficulties in collecting cost recovery, as seen below.

Cost Recovery (dollars in thousands)				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Total Enforcement Expenditures	6,975	6,792	6,588	7,037
Potential Cases for Recovery *	106	111	97	91
Cases Recovery Ordered	50	67	46	64
Amount of Cost Recovery Ordered	3,907	4,579	3,222	6,819
Amount Collected	1,816	2,201	2,711	3,427
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

The Board has had success utilizing the FTB Intercept Program to collect cost recovery. However, due to limited staff resources, only a few licensees have ever been referred. The Board is currently working

towards increasing our participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has been surrendered or revoked, and the former licensee has employment challenges resulting in their inability to generate a taxable income.

Staff Recommendation: ***The Board should inform the Committees of why it does not utilize the FTB Intercept program to collect citations. The Board should consider working with the FTB Intercept program and contracting with a collection agency for the purpose of collecting outstanding fines and to seek cost recovery. In light of the low collection rate under current fines, the Board should explain to the Committees why it believes the ability to assess larger fines will assist its enforcement efforts.***

DBC Response: Presently, the Board does not use the FTB program to collect citation fines. BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. The board uses these administrative tools for collecting outstanding fines.

ISSUE #14: CONTINUING EDUCATION. *Should the Board conduct CE audits for RDAs?*

Background: Dentists are required to complete not less than 50 hours of approved CE during the two-year period immediately preceding the expiration of their license. RDAs are required to take 25 hours of approved CE during the two-year period immediately preceding the expiration of their license. As part of the required CE, courses in basic life support, infection control, and California law and ethics are mandatory for each renewal period for all licensees. All unlicensed dental assistants in California must complete an approved 8-hour infection control course, an approved 2-hour course in CA law and ethics, and a course in basic life support. In addition, there are initial and ongoing competency requirements for specialty permit holders.

Licensees are required to maintain documentation of successful completion of their courses, for no fewer than four years and, if audited, are required to provide that documentation to the Board upon request. As part of the renewal process, licensees are also required to certify under penalty of perjury that they have completed the requisite number of continuing education hours, including any mandatory courses, since their last renewal. Starting with the February 2011 renewal cycle, random CE audits for dentists were resumed. Staff has been auditing 5% of the dental renewals received each month. In keeping with the Board's strategic plan and succession planning efforts, staff has developed a desk manual with written procedures for the auditing process. As of September 30, 2014, staff has conducted 521 CE audits. Seven licensees, or approximately 1% of those audited, failed the audit. Dentists who are not able to provide proof of CE units may be issued a citation and fine. Without additional resources, audits for registered dental assistants are only conducted in response to a complaint or other evidence of noncompliance. The Board also anticipates submitting a BCP for FY 2016/17 for one staff to initiate regular and ongoing audits for RDAs and RDAEFs.

Staff Recommendation: ***The Board should pursue a BCP for staff to conduct regular and ongoing audits for RDAs and RDAEFs to hold licensees accountable and promote proper standard of care.***

DBC Response: The Board anticipates submitting a BCP in the future for one staff position to initiate

regular and ongoing continuing education audits for RDAs and RDAEFs in order to hold licensees accountable and promote proper standard of care.

ISSUE #15: DISCIPLINARY CASE MANAGEMENT TIMEFRAMES ARE STILL EXCEEDING CPEI's PERFORMANCE MEASURE OF 540 DAYS. ***Will the Board be able to meet its goal of reducing the average disciplinary case timeframe from 36 months to 18 months?***

Background: The Board receives between 3,500 and 4,000 complaints per year, and refers almost all of those complaints to investigations. Over the last four fiscal years, the average time to close a desk investigation was 96 days. This timeframe represents a marked improvement from the Board's last sunset review, when the average number of days to close a complaint was 435 days. In addition, the average time to close a non-sworn investigation was 375 days, and to close a sworn investigation was 444 days. In recent years, the amount of time to close a sworn investigation has decreased and fell to 391 days in the last fiscal year. Based on these statistics, the Board completed 3,759 investigations in the last fiscal year, and average 190 days per investigation.

Enforcement Statistics				
	FY 10/11	**FY 11/12**	**FY 12/13**	**FY 13/14**
INVESTIGATION				
All Investigations				
First Assigned	3640	3570	3973	3699
Closed	3981	3496	3691	3758
Average days to close	181	173	156	187
Desk Investigations				
Closed	2987	2404	2889	2855
Average days to close	106	72	87	118
Non-Sworn Investigation				
Closed	377	593	257	320
Average days to close	278	364	384	473
Sworn Investigation				
Closed	572	492	543	584
Average days to close	505	453	421	391

The CPEI sets a target of completing formal disciplinary actions within 540. The Board is currently exceeding that target, averaging 1,084 days to complete a formal accusation over the last four fiscal years, and has increased this past fiscal year.

ACCUSATIONS				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Accusations Filed	89	103	75	73
Accusations Withdrawn	9	8	10	2
Accusations Dismissed	0	0	2	1
Accusations Declined	7	1	3	0
Average Days Accusations (from complaint receipt to case outcome)	1043	1087	934	1271
Pending (close of FY)	200	234	188	168

The Board notes, however, that while the total time to complete a formal disciplinary case exceeds the target and has been increasing, the longest part of the delay occurs once the case is has been referred to the AG's office, as demonstrated in the chart below, which shows the number of days for the Board to complete investigations is well within the CPEI's goal of completing investigations within 270 days.

Case Aging (Days)	**FY 10/11**	**FY 11/12**	**FY 12/13**	**FY 13/14**
Statement of Issues Cases				
Referral to Statement of Issues Filing (Average Days)	**114**	**119**	**204**	**102**
Statement of Issues to Case Conclusion	267	264	273	357
Total Average from Referral to Case Conclusion	381	383	477	459
Licensing Accusations				
Referral to Accusation Filing (Average Days)	**157**	**153**	**170**	**231**
Accusation to Case Conclusion	440	429	408	528
Total Average from Referral to Case Conclusion	597	582	578	759

The Board notes that the increase in FY 13/14 for completing an accusation is outside of the Board's control. According to the Board, the number of accusations filed on behalf of the Board has remained relatively constant over the last eight years and has actually dropped in recent years due to the Board's utilization of the citation process as an alternative to formal discipline in the less egregious cases. However, the average number of days to complete a case that has been referred to the AG for disciplinary action has continued to increase from 929 days in FY 09/10 to over 1185 days in 2014, an increase of over 27%. In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings, which hears the cases, did not receive additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspensions while criminal matters are pending, and difficulty in scheduling amongst witnesses, patients, and other parties, as well as in scheduling hearing dates with the Office of Administrative Hearings (three months out for a one to two day hearing, eight months out for a hearing of four or more days).

Staff Recommendation: ***The Board should continue to focus on closing its oldest cases and reducing the amount of time it takes to close an investigation and to complete an accusation. The Board should continue to explore alternatives to formal discipline when appropriate, such as the use of citations, cease and desist letters, and working with licensees to agree to disciplinary terms. The Board should note whether any of these disciplinary timeframes include cases that have been adjudicated but are on appeal, which may skew the numbers. The Committees should work with the Board and other stakeholders to determine if it is feasible to increase the number of AGs and ALJ in response to the increase in enforcement staff under CPEI to truly address the ability to reduce enforcement times.***

DBC Response: Over the last four fiscal years, the average time to close a complaint in the complaint and compliance unit was 96 days. This timeframe represents a marked improvement from the last sunset review, when the average number of days was 435. In FY 2013-14, the Board completed 3,759 complaint investigations, and averaged 190 days per investigation.

CPEI sets a target of completing formal disciplinary action within 540 days; the Board is currently exceeding that target. A contributing factor to case aging occurs when a case has been concluded and a writ petition is filed in superior court. The case is re-opened, and the aging clock on that case starts with the date the case was *first* referred to the AG. The case is finally closed when the petition decision by the court is received, or when five years have passed with no action on the petition.

The Board notes that some of the timeframes in completing an accusation are outside the Board's control. The number of accusations filed has remained relatively constant over the last eight years however the timeframes have actually dropped in recent years due to utilizing citations as an alternative to formal discipline in the less egregious cases.

The Board acknowledges that while the total time to complete a formal disciplinary case exceeds the target of 540 days, the number of days for the Board to complete its investigation is 270 days - well within CPEI's goal relative to investigation completion.

In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings (OAH), did not receive additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspension of case activity while criminal matters are pending, and difficulty in scheduling amongst witnesses, patients, and other parties, as well as in scheduling hearing dates with the OAH.

The Board has committed to focusing investigators' time on older cases, on exploring additional opportunities for the issuance of cease and desist orders, and has increased utilizing citations where appropriate. In addition, we are looking for alternatives to shorten time frames for completing the discipline process by including settlement terms and conditions when a signed accusation or statement of issues is returned to the Office of the Attorney General for service on the Respondent.

ISSUE #16: ENFORCEMENT STAFFING ISSUES. ***Does the Board employ an adequate number of staff to perform enforcement functions in a timely manner?***

Background: In 2011, the Board began filling the 12.5 positions allocated under the DCA's CPEI budget change proposal, and sworn investigator positions were distributed between the two Northern and Southern California field offices, and the IAU was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases. However, the success of DBC's increased enforcement efforts has resulted in a strain on the existing administrative support staff. Because CPEI did not include technical staff to perform support administrative functions generated by the increase in completed investigations, investigative staff performs these functions to avoid delays, which reduces their efficiency in working investigations. The Board has recently submitted a BCP to add two Office Technician positions to address this gap. This request was approved.

Since the 2011 sunset review of the Board, the Board has been fortunate to be able to fill the majority of its sworn and non-sworn enforcement positions. Case closure rates climbed following the addition of CPEI positions and remain steady, averaging 968 cases per year, up from 651 cases per year four years ago. Currently, the Board has 2.5 vacancies for sworn investigators and 2 vacancies for non-sworn investigators. The Board expects the candidates to be hired within the next three to four months. These hires will assist in lowering the investigative caseload and help lower case aging.

FISCAL YEAR	10/11		11/12		12/13		13/14	
Classification	Positions	Vacant	Positions	Vacant	Positions	Vacant	Positions	Vacant
Total Sworn Staff	20	4	20	3.5	20	3.5	20	2.5
Total Non-Sworn Staff	24	2	24	2	23	1.5	23	2
Total Enforcement APs	44	6	44	5.5	43	5	43	4.5

Despite an augmentation in enforcement staffing levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA, including the MBC and the DCA's Department of Investigation (DOI). In addition to an investigation caseload, Dental Board investigators also carry a probation-monitoring caseload averaging 10 per sworn investigator and up to 25 for Special Investigators. The Board reports that the number of licensees placed on probation has nearly doubled from 148 in FY 10/11 to 311 at the end of FY 13/14. The Board also reports that in general, the enforcement time commitment to manage a probationary licensee is four times greater than an investigation due to the number of meetings and quarterly reports that may be required.

High caseloads can adversely affect performance when staff is diverted from their work by competing demands. The Board will be studying options to determine if additional sworn or non-sworn staff will be sufficient to reduce investigative caseloads, or if the development of a probation unit will better support this challenge and adding staff dedicated strictly to probation monitoring will be necessary. Ideally, the Board would like to reduce its investigative caseloads similar to the MBC or DOI as the Board's cases are also very complex and technical in nature.

DCA – Enforcement Program	Average Caseload per Investigator
Division of Investigation	20-22 cases
Medical Board of California	20 cases
Dental Board of California	45-55 cases (plus 10 probationers)

In addition, the Enforcement Program has identified the need for an analyst dedicated to program reports, training contracts and budget support. Previously, the Enforcement Chief was responsible for many of these program-related tasks. However, with the increase in program size, more complex contract requirements for peace officer training and subject-matter experts (SMEs), and a need for greater accountability in enforcement, these tasks are better suited to an analyst position. The Board will be seeking a BCP to address this need in the next year.

Additionally, the Board notes that it is currently experiencing a shortage of available SMEs to provide case review of our completed investigations. SMEs conduct an in-depth review of the treatment provided to patients in cases alleging substandard care. Experts must be currently practicing, possess a minimum of five years' experience in their field, and cannot have had any discipline taken against their license in California or any other state where they have been licensed. The shortage of SMEs can be attributed to several factors, including the increase in the number of investigations being conducted and stagnant compensation rates. While the majority of SMEs recognize they are providing a service to consumers and their profession, the possibility of having to testify at hearing and close their practice for several days at a time can become a financial hardship to an individual licensee. The current

compensation rate, which pays $100 for written review and $150 per hour for testimony, has not been increased since 2009. By comparison, physicians at the Medical Board are compensated at $150 per hour for written review and $200 per hour for testimony. The Board has been trying to recruit experts through its Web site and outreach to dental societies. An increase in the number of experts in the resource pool will allow staff to more quickly refer their cases for review.

Staff Recommendation: ***The Board should consider conducting a staff and workload analysis after it receives the results of its fee audit to determine the appropriate level of staffing to ensure that the Board is able to perform all of its functions in a timely manner. The Board should inform the Committees of how large its current SME pool is, and the ideal ratio of cases to SMEs. The Board should continue recruitment efforts to attract more SMEs, and consider raising the compensation rate to increase participation in the program.***

DBC Response: In 2011, the Board was allotted 12.5 positions under the DCA's CPEI budget change proposal, and investigator positions were distributed between our Northern and Southern field offices. An Investigative Analytical Unit was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases.

The success of the Board's increased enforcement efforts resulted in a strain on the existing administrative support staff. CPEI did not include technical staff to perform support functions generated by the increase in completed investigations; consequently, investigative staff performs these functions to avoid delays, which reduces time spent on investigations. The Board will submit a BCP for two support staff positions to address this gap.

Since the 2011 sunset review, the Board has been able to fill the majority of the enforcement positions. Case closure rates climbed following the addition of CPEI positions and remain steady, averaging 968 cases per year, up from 651 cases per year four years ago.

Despite an augmentation in enforcement staff levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA. In addition to an investigation caseload, Board investigators also carry a probation-monitoring caseload. The number of licensees placed on probation has nearly doubled from 148 in FY 10/11 to 311 at the end of FY 13/14. We are looking into the possibility of adding staff dedicated strictly to probation monitoring and creating a probation unit to better support this challenge.

After the Board receives the results of the fee audit we would like to seek a staff and workload analysis to determine the appropriate level of staff that will be sufficient to reduce investigative caseloads.

The Board currently has over 130 available SMEs to provide case reviews of our completed investigations. The experts conduct an in-depth review of the treatment provided to patients in cases alleging substandard care and when necessary, provide testimony at hearings. The current compensation rate pays $100 per hour for written review and $150 per hour for testimony, and has not been increased since 2009. We will be looking at compensation rates for SME's used by other Boards to see if increasing the compensation to our experts might result in some continuity and a larger expert pool. The Board has been recruiting experts through its web site and outreach to dental societies. Through our recent recruitment efforts we believe we have resolved this issue for now.

OTHER ISSUES

ISSUE #17: LOW RATE OF RESPONSE TO CONSUMER SATISFACTION SURVEYS AND LOW RATE OF CONSUMER SATISFACTION WITH DBC. ***During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. In addition, the 2013/2014 Consumer Satisfaction Survey of DBC shows over 60% of complainants were dissatisfied with the way the Board handled their complaints.***

Background: In 2010, DCA launched an online Consumer Satisfaction Survey. The Board continues to survey consumers to learn about their experience with the complaint and enforcement process. The Survey is included as a web address within each closure letter, which directs consumers to an online "survey monkey" with 19 questions. Overall participation has been low. Acting on the belief that consumers may be increasingly reluctant to participate in online surveys, staff have also provided self-addressed, postage paid survey cards in closure envelopes. This has not had any discernible effect to the participation rate. During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. By comparison, DCA has reported a 2.6% average participation rate from all boards and bureaus. It should be noted that in reviewing the individual responses, consumers chose to skip or not answer a number of the questions.

With regard to specific survey results, the Board has identified that the participating consumers expressed dissatisfaction surrounding the complaint intake process; initial response time; complaint resolution time; and explanation regarding the outcome of the complaint. The Board notes that the average initial response time is nine days, which is below the maximum time allowed by law. In addition, with the exception of complaints resulting in discipline, the Board's average resolution time is 164 days, which is below the 270 day performance target. Regarding explanations regarding the outcomes of complaints, the Board notes that in 27% of complaints that were closed, dental consultants who reviewed dental issues determined that there was no violation of the Act, due to simple negligence, and 9% of those closed complaints were due to non-jurisdictional requests for refunds, and that both of those outcomes may have impacted a consumers satisfaction.

In October of 2014, Board staff has begun participating in a DCA focus group to draft new questions and consider alternative formats to increase consumer participation. In addition, Board staff is also reviewing the link on the current closure letter to determine if revisions may be necessary.

Staff Recommendation: ***The Board should continue to explore ways to increase responses to its consumer satisfaction surveys.***

DBC Response: The Board has been working with the DCA on increasing the response returns on our consumer satisfaction surveys. In an effort to solicit more responses from consumers, Board staff have placed a link on the final letters sent to the consumers/complainants, enclosed postage paid, post card survey forms and attached a link to their e-mail signature line to an on line survey.

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT PROFESSION BY THE NAME OF BOARD

ISSUE #18: CONTINUED REGULATION BY THE BOARD. ***Should the licensing and regulation of the dental profession be continued and be regulated by the current Board membership?***

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory Board with oversight over the dental profession. The Board should be continued with a four-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: ***Recommend that the licensing and regulation of the dental profession continue to be regulated by the current Board members in order to protect the interests of the public and be reviewed again in four years.***

DBC Response: The Board supports this recommendation.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board Members
FROM	Theresa Lane, Enforcement Chief
SUBJECT	**Agenda Item 13A: Staff Update Regarding Enforcement Program Status**

Staffing

The Board has recently hired Paul Jo, DDS, as a Dental Consultant for the Sacramento office. Dr. Jo is a welcome addition to our enforcement staff. This position was created under the Departments Consumer Protection Enforcement Initiative (CPEI) and we are pleased to have been able to fill it. Dr. Jo's main task is to review cases for the Complaint and Compliant Unit (CCU) and screen them for possible violations of the Dental Practice Act.

The Sacramento office Investigation Unit has hired Investigator Paul Tesi. Paul comes to the Board with a lot of experience in law enforcement as he recently retired from a Sheriff's Department in Oregon. During his law enforcement career Paul held a variety of positions in patrol, investigations, administration and as a jail commander. Paul is also a Certified Polygraph Examiner and Firearms Instructor.

Former Board Inspector Mike Morshed has been promoted as an Associated Governmental Program Analyst (AGPA) in the Investigative Analytical Unit (IAU) in Sacramento.

Interviews were conducted for the open Inspector position in Sacramento. I am pleased to announce that we have hired Juan Ordaz. Juan currently works for the Employment Development Department (EDD), and will start with the Board on May 21, 2015.

Sacramento Office Technician Barbara de Helena left the agency for a promotion to the Nursing Board of California in March of this year. Interviews were conducted and Heidi Mason was promoted from the licensing unit to this position.

We currently have two (2) vacancies for the Investigator positions in the Sacramento office.

The Orange Office currently has three (3) Investigator positions vacant. One candidate is in the final phase of the hiring process and we anticipate that she will start within the next month. Interviews have been conducted and candidates are in the background phase of the hiring process for the other two (2) positions.

The Complaint and Compliance Unit (CCU) is fully staffed.

Outreach Efforts

On March 4, 2015, I made a presentation to the California Dental Association of Anesthesiology (CDSA) annual Scientific Meeting held in Costa Mesa. The audience for this presentation consisted of approximately 285 members. The meeting had a variety of speakers throughout the day. The focus of my lecture was on how the Board investigates cases involving the death of a patient and the Board's enforcement process.

On March 5, 2015, I made a presentation with Dr. Whitcher at the California Dental Association of Anesthesiology (CDSA) at their annual Scientific Meeting held in San Jose. The audience for this presentation consisted of approximately 250 members. The meeting was virtually identical to the one in Costa Mesa. The focus of our lecture was again on how the Board investigates cases involving the death of a patient and the Board's enforcement process.

On March 12, 2015, Dental Hygiene Committee of California (DHCC) Executive Officer, Lori Hubble and Investigator Denise Macy made a presentation to the dental and dental hygiene students at the University of Southern California (USC). The presentation was to educate the students on the enforcement process and procedures surrounding the dental and dental hygiene profession.

On April 16, 2015, I made a presentation to about 70 faculty members of Western University of Health Sciences Dental School. The presentation was an hour and a half and I provided an overview of the Board, the Board's enforcement program including Complaint Intake, Investigative Analysis, Inspection and Investigation units. In addition, I covered the top violations we see occurring in the complaints we receive, investigate and prosecute.

On April 30, 2015, I presented an hour and a half course at the California Dental Association (CDA)'s CDA Presents at the Anaheim Convention Center. The presentation was on the Board's Enforcement Program. I reviewed the Dental Practice Act, provided real life examples of violations we see occurring in the complaints we receive, investigate and prosecute. There were approximately 120 in the audience.

On April 30, 2015 to May 2, 2015, the California Dental Association held their annual CDA Presents convention in Anaheim. The Board was able to secure an information booth at the event. The booth was manned by staff from the Orange office who assisted licensees, prospective licensees and office support staff with answers to questions and Board literature.

I will be available during the Board meeting to answer any questions or concerns you may have.

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board Members
FROM	Theresa Lane, Enforcement Chief
SUBJECT	**Agenda Item 13B:** Enforcement Statistics and Trends (Complaints and Investigations)

Attached please find Complaint Intake and Investigation statistics for the previous five fiscal years, and quarter one and two of the current fiscal year. Below is a summary of some of the program's trends (as of March 31, 2015):

Complaint & Compliance Unit

Complaints Received

The total number of complaints received during the third quarter was **1040,** averaging **332** per month.

Active Caseload: **1040** Third quarter

The average caseload per Consumer Services Analyst (CSA) during the third quarter was **210** complaint cases.

Complaint Aging

Quarter Three

# Months Open	# of Cases	% of Total Cases
0 – 3 Months	697	63%
4 – 6 Months	249	23%
7 – 9 Months	95	9%
10 – 12 Months	41	4%
1 – 3 Years	22	1%

Cases Closed:

The total number of complaint files closed between January 1, 2015, and March 31, 2015, was **656,** averaging **218** per month. The previous five-year average was 238 closures per month.

The average number of days a complaint took to close within the last year was **102** days (a 13% decrease from last year's average of 117 days). Chart 2 displays the average complaint closure age over the previous five fiscal years.

Investigations

Current Open Caseload:

There are currently approximately **946** open investigative cases, **372** probation cases, and **96** open inspection cases.

Average caseload per full time Investigator = 46 (40 in North, 48 in South)
Average caseload per Special Investigator = 40
Average caseload per Analyst = 29

# Months Open	# of Cases	% of Total Cases
0 – 3 Months	152	19%
4 – 6 Months	155	19%
6 - 12 Months	221	27%
1 – 2 Years	203	25%
2 – 3 Years	63	8%
3+ Years	20	2%

Since our last report in December 2014, the number of cases over one year old has increased from 33% to 37%. The number of cases in the oldest category (three years and older) has increased from 10 to 18.

Case Closures:

Third Quarter

The total number of investigation cases closed, filed with the AGO or filed with the District/City Attorney during the third quarter is **335**, an average of approximately **112** per month.

Of the closures, approximately 10% were referred for criminal action or administrative discipline.

The average number of days it took to complete an investigation during the third quarter was **277** days. The previous five-year average number of days to close a case was 428 (refer to Chart 2).

Chart 2 displays the average closure age over the previous five fiscal years.

Cases Referred for Discipline:

The total number of cases referred to the AGO's during the third quarter was **22** (approximately seven referrals per month). The three-month average for a disciplinary case to be completed was **945** days.

Chart 2 displays the average closure age over the previous four fiscal years for cases referred for discipline.

Chart 3 – Case Categories

Chart 3 provides a breakdown of the number of cases based on allegation.

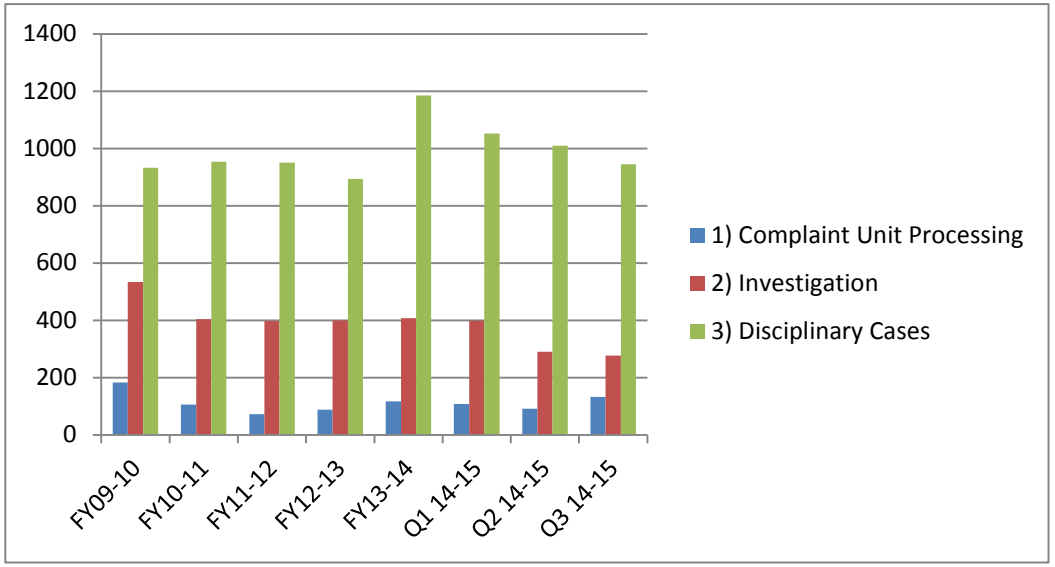
I will be available during the Board meeting to answer any questions or concerns.

Dental Board of California
Chart 1

STATISTICAL DESCRIPTION	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 2014-15				
COMPLAINT UNIT						Jul-Sep	Oct - Dec	Jan - Mar	Apr - Jun	Total
Complaints Received	3013	3046	2813	2874	3021	964	866	848		2678
Convictions/Arrests Received	177	674	750	1083	650	156	124	150		430
Total Intake Received	3190	3720	3563	3957	3671	1120	990	998		3108
Total Complaints Closed	3249	2863	2404	2911	2855	822	561	656		2039
Pending at end of period	1072	472	738	1072	1022	947	1088	1040		
INVESTIGATIONS										
Cases Opened	769	1241	916	719	659	294	337	383		1014
Cases Closed	651	997	1094	813	955	298	275	335		908
Referred to AG	138	144	174	85	71	29	27	22		149
Referred for Criminal	11	8	12	19	28	7	4	5		16
Pending at end of period	779	995	1025	767	809	811	881	946		
Citations Issued	48	42	15	27	83	12	10	11		33
ATTORNEY GENERAL'S OFFICE										
Cases Pending at AG	191	199	229	183	172	171	182	186		
Administrative Actions:										
Accusation	97	90	99	52	71	15	20	19		54
Statement of Issues	27	23	41	9	18	2	0	1		3
Petition to Revoke Probation	5	5	9	4	8	0	3	0		3
Licensee Disciplinary Actions:										
Revocation	39	24	30	27	33	5	3	7		15
Probation	66	65	68	51	54	15	4	7		26
Suspension/Probation	0	0	2	0	0	0	0	0		0
License Surrendered	9	10	6	10	15	4	2	0		6
Public Reprimand	8	9	13	11	12	1	1	3		5
Other Action (e.g. exam required, education course, etc.)	10	11	8	7	3	5	1	1		7
Accusation Withdrawn	8	9	8	10	1	1	1	1		3
Accusation Declined	6	6	1	2	0	1	0	0		1
Accusation Dismissed	5	0	0	2	1	0	0	0		0
Total, Licensee Discipline	151	134	136	120	119	32	12	19		63
Other Legal Actions:										
Interim Suspension Order Issued	1	1	6	5	0	0	0	0		0
PC 23 Order Issued	0	0	1	2	2	1	0	0		1

DENTAL BOARD OF CALIFORNIA
CHART 2

Average Days to Close	FY09-10	FY10-11	FY11-12	FY12-13	FY13-14	Q1 14-15	Q2 14-15	Q3 14-15
1) Complaint Unit Processing	183	106	72	88	117	108	91	133
2) Investigation	534	404	397	400	407	399	290	277
3) Disciplinary Cases	933	954	950	893	1185	1052	1010	945



DENTAL BOARD OF CALIFORNIA
CHART 3

						2014-15					
Allegations	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-2014**	**Jul-Sep**	**Oct - Dec**	**Jan - Mar**	**Apr - Jun**	**Total**	**% of Total**
Substance Abuse, Mental/Physical Impairment	10	12	4	7	17	8	1	4		13	0%
Drug Related Offenses	29	29	38	33	30	15	7	3		25	1%
Unsafe/Unsanitary Conditions	76	70	79	92	99	18	24	28		70	2%
Fraud	188	299	123	124	218	100	106	84		290	9%
Non-Jurisdictional	438	393	251	217	235	81	50	47		178	6%
Incompetence / Negligence	2123	2076	1540	1459	1795	529	505	481		1515	49%
Other	336	181	266	295	163	99	80	78		257	8%
Unprofessional Conduct	385	352	205	219	244	62	51	50		163	5%
Sexual Misconduct	21	15	13	14	16	2	0	8		10	0%
Discipline by Another State	15	31	25	16	10	4	2	2		8	0%
Unlicensed / Unregistered	119	127	111	124	201	46	40	63		149	5%
Criminal Charges	206	456	854	1137	650	156	124	150		430	14%
Total	3946	4041	3509	3737	3678	1120	990	998	0	3108	100%

Agency Statistical Profile (AR)(091)

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DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	May 6, 2015
TO	Enforcement Committee Members
FROM	Theresa Lane, Enforcement Chief
SUBJECT	**Agenda Item 13C:** Review of Third Quarter Performance Measures from the Department of Consumer Affairs.

The Department did not release the Third Quarter Performance Measures report at the time the Board packets were being prepared. In the event the information is released before the meeting it will be hand carried by staff.

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board Members
FROM	April Alameda, Manager
SUBJECT	**AGENDA ITEM: 13D:** Diversion Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending March 31, 2015, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	**January**	**February**	**March**	**FY Total**
Self-Referral	0	0	0	0
Enforcement Referral	1	1	0	5
Probation Referral	0	1	0	1
Closed Cases	2	0	1	9
Active Participants	29	29	29	

The Board continues recruitment for the following positions:

Southern DEC – one (1) Public Member and one (1) Dentist

The next DEC meeting is scheduled for June 4, 2015, in Northern California.

ACTION REQUESTED:
No action requested.

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board Members
FROM	Theresa Lane, Enforcement Chief
SUBJECT	**Agenda Item 14: Prescription Drug Abuse**

Update on California's Controlled Substance Review and Evaluation System (CURES)

According to the Department of Justice (DOJ), the CURES 2.0 project is scheduled to "go live" on June 30, 2015 and is currently within budget. The Department of Consumer Affairs (DCA) and DOJ have an understanding as well as an interagency agreement in place that will limit any costs for DCA programs to the amount set forth in the 2013/14 Budget.

DCA and DOJ are working jointly regarding outreach to licensees and the public on the CURES registration deadline of January 1, 2016 (as a result of SB 809 in 2013). The goal is to provide a clear and consistent message from the boards, DCA and DOJ on the CURES 2.0 Project. They are looking at the various methods of outreach by using email, social media, newsletters and by notifying other organization to get information to licensees. The outreach plan should be finalized by the end of May.

One of the major steps occurring over the next two months will be User Acceptance Testing (UAT). DOJ has already scheduled our testing for June 3, 4 and 5, 2015.

Update on Medical Board of California's April 13, 2015 Prescribing Task Force Meeting

The task force was formed by the Medical Board of California in order to address prescription drug overdoses occurring in the State in April 2013. The first phase of the task is to identify best practices in prescribing by revisiting their current Pain Management Guidelines, educating the prescribers on best practices for prescribing and developing an outreach plan. The outcome of this resulted in the launch of the new "Guidelines for Prescribing of Controlled Substances for Pain" which was released in October of 2014.

The Prescription Task Force is now moving into the next phase of their mission which is to proactively approach and find solutions to the epidemic of prescription drug overdoses through education, prevention, best practices, communication and outreach. On April 13, 2015 a task force meeting was held in Sacramento. Executive Officer Karen Fischer and I attended this meeting.

The Task Force had presentations by the California Department of Public Health, the Division of Workers Compensation and the Department of Industrial Relations. Included in the presentations was an update on the CURES 2.0 project as discussed above.

The presentation by the Department of Workman's Compensation provided insight on educating the public on the prevention of injuries and the providers of care regarding use of opioids for acute pain. An emphasis was placed on working in collaboration with providers in educating them on the guidelines of chronic pain and pain management.

The remaining discussion was on the statewide best practices which included comments from members of the audience and stakeholders. Several of the attendees were emergency room physicians who provided information regarding how they would like to work collaboratively with other emergency rooms to institute similar guidelines for dealing with patients coming into the emergency rooms seeking opioid medication.

Update California Dental Association Lecture Titled "Addressing the Epidemic of Prescription Drug Abuse – A New Paradigm for Interprofessionalism Between Prescribers and Dispensers"

On May 2, 2015, Board President Fran Burton, Prescription Drug Committee Chair, Dr. Thomas Stewart and I attended a two (2) hour course at the California Dental Association CDA Presents event in Anaheim. The lecture was titled "Addressing the Epidemic of Prescription Drug Abuse – A New Paradigm for Interprofessionalism Between Prescribers and Dispensers. The course presenters were Michael Bundy, PharmD, DMD, MD and Tony J. Park, PharmD, JD.

The course provided insight into recognizing the problem of controlled substance abuse of drugs initially obtained through legitimate means and understanding the pharmaceutical options for acute pain control in dentistry. In addition the lecture provided some valuable information regarding the old and new rules of dispensing controlled substances by pharmacists.

Due to the close proximity of this course to the Board meeting, staff will be working with the chair of the Prescription Drug Abuse Committee to discuss this in greater detail at the August Board meeting.

I will be available during the Board meeting to answer any questions or concerns.

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board of California
FROM	Karen M. Fischer, Executive Officer
SUBJECT	**Agenda Item 15:** Subcommittee Report Regarding the Review of the Dental School Application from the Republic of Moldova

The review of the Republic of Moldova application for approval of its dental school is ongoing. As was reported at the February 2015 meeting, Senator Polanco was notified that in order to proceed with the application evaluation, the material would need to be re-submitted in a more organized way. He was given an outline of where the subcommittee felt there were deficiencies in the application and suggestions on how to proceed.

Senator Polanco re-submitted the documentation in four binders. The Board received one copy on April 8, 2015. This documentation was also sent directly to Drs. Huong Le and Steve Morrow for review and comment. They received the information the week of April 13th.

The information is now very well organized and much easier to follow. Senator Polanco has been notified that the subcommittee found information that was submitted in Romanian that will need to be translated into English before the application review can be completed. Those sections are as follows:

Standard 4 – Faculty and Staff (f) and (g)
Standard 6 – Patient Care Services (a, b, c, d)
Standard 8 – Ownership and Management (a) Pages following Table 12
Standard 9 – Administration (b)

After the application is deemed complete, the next step will be for the Board to impanel a Site Inspection and Evaluation Team in accordance with CCR 1024.6(a). Senator Polanco has requested that the site evaluation occur June 10-15, 2015. I notified him that I do not believe that a site visit will be possible in June, 2015. More likely, it will be scheduled in late Summer or early Fall. Of course we will be better prepared to discuss dates for the site visit once the translated sections of the application can be reviewed.

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MEMORANDUM

DATE	May 7, 2015
TO	Dental Board Members
FROM	Sharon Langness, Budget Analyst
SUBJECT	**Agenda Item 16:** Budget Report

The Board manages two separate funds: 1) Dentistry Fund, and 2) Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses for the third quarter of fiscal year (FY) 2014-15 for the Dentistry and Dental Assisting funds.

Dentistry Fund Overview

Third Quarter Expenditure Summary for Fiscal Year 2014-15

The third quarter expenditure projections are based upon the March budget report released by the Department of Consumer Affairs (DCA) in mid-April 2015. The report reflects expenditures for July 1, 2014 through March 31, 2014. The Board's current expenditures for the Dentistry Fund are roughly $8.6 million or 66% of its total appropriation for FY 2014-15. Of that amount, approximately $4.1 million is for Personnel Services and roughly $4.5 million is for Operating Expense & Equipment (OE&E).

For comparison purposes, last year at this time the Board had spent roughly 62% of its FY 2013-14 Dentistry Fund appropriation. The average for third quarter spending over the last three fiscal years for the Dentistry Fund is 64%.

Fund Title	Appropriation	Expenditures Through 3-31-15
Dentistry Fund	$12,971,000	$8,592,095

Attachment 1 displays year-to-date expenditures for the Dentistry Fund

Analysis of Fund Condition

Attachment 1a displays an analysis of the State Dentistry Fund's condition to include costs for the BreEze system.

Dental Assisting Fund Overview

Third Quarter Expenditure Summary for Fiscal Year 2014-15

The third quarter expenditure projections are based upon the March budget report released by the Department of Consumer Affairs (DCA) in mid-April 2015. The report reflects expenditures for July 1, 2014 through March 31, 2014. The Board's current expenditures for the Dental Assisting Fund are roughly $1,242,000 or 64% of its total appropriation for FY 2014-15. Approximately $462,000 spent is for Personnel Services and roughly $781,000 is for Operating Expense & Equipment (OE&E).

For comparison purposes, last year at this time the Board had spent roughly 67% of its FY 2013-14 Dental Assisting Fund appropriation. The average for third quarter spending over the last three fiscal years for the Dental Assisting Fund is 64%.

Fund Title	Appropriation	Expenditures Through 3-31-15
Dental Assisting Fund	$1,934,000	$1,242,271

Attachment 2 displays year-to-date expenditures for the Dental Assisting Fund

Analysis of Fund Condition

Attachment 2a displays an analysis of three fiscal years and projects the Dental Assisting Fund's fiscal solvency for future years.

DBC Fee Audit

The fee audit is complete and a final report has been released. The report is available on the Board's website here: http://www.dbc.ca.gov/formspubs/fear2015.pdf

DENTAL BOARD - FUND 0741
BUDGET REPORT
FY 2014-15 EXPENDITURE PROJECTION

FM 9

	FY 2013-14		FY 2014-15				
OBJECT DESCRIPTION	ACTUAL EXPENDITURES (MONTH 13)	PRIOR YEAR EXPENDITURES 3/31/2014	BUDGET STONE 2014-15	CURRENT YEAR EXPENDITURES 3/31/2015	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	3,375,369	2,535,107	**3,788,194**	2,502,735	66%	**3,738,095**	50,099
Statutory Exempt (EO)	98,202	73,053	**100,596**	77,987	78%	**100,596**	0
Temp Help (Expert Examiners)	0	0	**40,000**	0	0%	**0**	40,000
Physical Fitness Incentive	1,105	1,105	**0**			**1,105**	(1,105)
Temp Help Reg (907)	192,380	143,415	**199,000**	141,621	71%	**207,752**	(8,752)
Temp Help (Exam Proctors)	0	0	**45,447**	0	0%	**0**	45,447
BL 12-03 Blanket	36,821	30,924		23,778		**39,601**	(39,601)
Board Member Per Diem (901, 920)	18,100	12,300	**45,950**	13,900	30%	**19,000**	26,950
Committee Members (911)	3,700	2,600	**58,686**	2,400	4%	**4,000**	54,686
Overtime	9,572	8,455	**25,208**	9,893	39%	**11,000**	14,208
Staff Benefits	1,631,117	1,218,929	**2,058,353**	1,284,462	62%	**1,918,478**	139,875
TOTALS, PERSONNEL SVC	5,366,366	4,025,888	**6,361,434**	**4,056,776**	**64%**	**6,039,627**	321,807
OPERATING EXPENSE AND EQUIPMENT							
General Expense	102,809	70,073	**100,153**	92,158	92%	**138,000**	(37,847)
Fingerprint Reports	15,562	10,427	**25,777**	10,713	42%	**16,000**	9,777
Minor Equipment	69,049	42,894	**21,875**	759		**21,875**	0
Printing	38,259	28,550	**42,134**	36,666	87%	**59,000**	(16,866)
Communication	51,568	34,568	**57,815**	30,013	52%	**45,000**	12,815
Postage	58,315	58,237	**59,435**	49,988	84%	**61,000**	(1,565)
Insurance	2,632	2,632	**2,100**	6,211	296%	**6,211**	(4,111)
Travel In State	115,280	71,393	**108,976**	112,152	103%	**170,000**	(61,024)
Travel, Out-of-State			**0**	2,699		**2,699**	(2,699)
Training	4,731	4,131	**6,907**	4,105	59%	**6,000**	907
Facilities Operations	388,541	404,282	**360,656**	404,911	112%	**404,911**	(44,255)
C & P Services - Interdept.	343,154	43,955	**366,129**	324,698	89%	**324,698**	41,431
C & P Services - External	231,249	168,721	**274,146**	339,374	124%	**339,374**	(65,228)
DEPARTMENTAL SERVICES:							
OIS Pro Rata	594,427	450,520	**709,731**	522,603	74%	**709,731**	0
Admin/Exec	661,140	498,829	**740,266**	536,124	72%	**740,266**	0
Interagency Services	0	0	**881**	0	0%	**0**	881
IA w/ OER	0		**0**	22,928		**22,928**	(22,928)
DOI-ProRata Internal	21,220	15,996	**23,192**	16,806	72%	**23,192**	0
Public Affairs Office	24,505	22,462	**22,635**	16,377	72%	**22,635**	0
PCSD	27,124	21,589	**26,624**	19,368	73%	**26,624**	0
INTERAGENCY SERVICES:							
Consolidated Data Center	23,390	13,347	**17,517**	14,887	85%	**25,000**	(7,483)
DP Maintenance & Supply	18,265	17,155	**11,118**	11,868	107%	**23,000**	(11,882)
Central Admin Svc-ProRata	530,145	397,609	**582,361**	436,771	75%	**582,361**	0
EXAMS EXPENSES:							
Exam Supplies	0	0	**43,589**	0	0%	**0**	43,589
Exam Freight	0	0	**166**	0	0%	**0**	166
Exam Site Rental	0	0	**196,586**	0	0%	**0**	196,586
C/P Svcs-External Expert Administration	116,606	76,663	**6,709**	73,774	1100%	**112,000**	(105,291)
C/P Svcs-External Expert Examiners	0	0	**238,248**	0	0%	**0**	238,248
C/P Svcs-External Subject Matter	842	842		400		**1,000**	(1,000)
Other Items of Expense	8,862	7,240	**661**	1,920	290%	**9,000**	(8,339)
Tort Pymts-Punitive	2,500					**0**	0
ENFORCEMENT:							
Attorney General	1,021,186	763,451	**1,778,310**	834,454	47%	**1,280,000**	498,310
Office Admin. Hearings	206,201	115,760	**406,720**	265,610	65%	**338,000**	68,720
Court Reporters	12,204	8,388		13,560		**18,000**	(18,000)
Evidence/Witness Fees	425,161	233,968	**243,959**	284,189	116%	**426,300**	(182,341)
DOI - Investigative	15,075	11,321	**0**			**0**	0
Vehicle Operations	55,609	33,723	**60,000**	23,500	39%	**48,500**	11,500
Major Equipment	151,904	0	**74,000**	25,734	35%	**122,076**	(48,076)
TOTALS, OE&E	5,337,515	3,628,726	**6,609,376**	4,535,319	69%	**6,125,381**	483,995
TOTAL EXPENSE	10,703,881	7,654,614	**12,970,810**	8,592,095	132%	**12,165,008**	805,802
Sched. Interdepartmental	(235)	(235)					0
Sched. Reimb. - Fingerprints	(15,086)	(9,204)	**(53,000)**	(9,902)	19%	**(53,000)**	0
Sched. Reimb. - Other	(14,230)	(9,990)	**(214,000)**	(7,520)	4%	**(214,000)**	0
Unsched. Reimb. - External/Private	(46,438)	(35,231)		(36,844)			0
Probation Monitoring Fee - Variable	(124,961)	(89,961)		(85,001)			0
Invest Cost Recover FTB Collection	(405)	(405)		(1,383)			0
Unsched. External/Other							0
Unsched. - Investigative Cost Recovery	(381,589)	(260,081)		(214,136)			0
NET APPROPRIATION	10,120,938	7,249,507	**12,703,810**	8,237,309	65%	**11,898,008**	**805,802**
						SURPLUS/(DEFICIT):	**6.3%**

0741 - Dental Board of California
Analysis of Fund Condition

Prepared 2/10/15

(Dollars in Thousands)

2015-16 Governor's Budget w/ BreEZe SPR 3.1

		Actual 2013-14	CY 2014-15	BY 2015-16	BY+1 2016-17	BY+2 2017-18
BEGINNING BALANCE		$ 4,772	$ 6,085	$ 3,493	$ 1,508	$ -853
Prior Year Adjustment		$ 191	$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 4,963	$ 6,085	$ 3,493	$ 1,508	$ -853
REVENUES AND TRANSFERS						
Revenues:						
125600	Other regulatory fees	$ 46	$ 52	$ 60	$ 60	$ 60
125700	Other regulatory licenses and permits	$ 788	$ 745	$ 751	$ 751	$ 751
125800	Renewal fees	$ 7,286	$ 9,259	$ 9,889	$ 9,889	$ 9,889
125900	Delinquent fees	$ 74	$ 67	$ 66	$ 66	$ 66
131700	Misc. Revenue from Local Agencies	$ -	$ -	$ -	$ -	$ -
141200	Sales of documents	$ -	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 9	$ 11	$ 5	$ -	$ -
150500	Interest Income From Interfund Loans	$ 384	$ -	$ -	$ -	$ -
160400	Sale of fixed assets	$ 3	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 5	$ -	$ -	$ -	$ -
161400	Miscellaneous revenues	$ 2	$ -	$ -	$ -	$ -
164300	Penalty Assessments	$ -	$ -	$ -	$ -	$ -
Totals, Revenues		$ 8,597	$ 10,134	$ 10,771	$ 10,766	$ 10,766
Transfers from Other Funds						
F00001	Repayment Per Item 1250-011-0741, Budget Act of 2003	$ 2,700	$ -	$ -	$ -	$ -
Totals, Revenues and Transfers		$ 11,297	$ 10,134	$ 10,771	$ 10,766	$ 10,766
Totals, Resources		$ 16,260	$ 16,219	$ 14,264	$ 12,274	$ 9,913
EXPENDITURES						
Disbursements:						
0840 State Controller (State Operations)		$ 1	$ -	$ -	$ -	$ -
8880 Financial Information System of California (State Operations)		$ 53	$ 10	$ 23	$ 23	$ 23
1110 Program Expenditures (State Operations)		$ 10,121	$ 12,704	$ 12,135	$ 12,378	$ 12,626
2015-16 BreEZe SFL		$ -	**$ 12**	**$ 598**	**$ 725**	$ -
Total Disbursements		$ 10,175	$ 12,726	$ 12,756	$ 13,127	$ 12,650
FUND BALANCE						
Reserve for economic uncertainties		$ 6,085	$ 3,493	$ 1,508	$ -853	$ -2,737
Months in Reserve		5.7	3.3	1.4	-0.8	-2.5

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.

B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1

C. ASSUMES INTEREST RATE AT 0.3%.

DENTAL ASSISTING PROGRAM - FUND 3142
BUDGET REPORT
FY 2014-15 EXPENDITURE PROJECTION

FM 9

OBJECT DESCRIPTION	FY 2013-14 ACTUAL EXPENDITURES (MONTH 13)	FY 2013-14 PRIOR YEAR EXPENDITURES 3/31/2014	FY 2014-15 BUDGET STONE 2014-15	FY 2014-15 CURRENT YEAR EXPENDITURES 3/31/2015	FY 2014-15 PERCENT SPENT	FY 2014-15 PROJECTIONS TO YEAR END	FY 2014-15 UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	319,271	235,789	**372,498**	252,855	68%	**388,481**	(15,983)
Statutory Exempt (EO)			**0**			**0**	0
Temp Help (Expert Examiners)			**0**				0
Temp Help (Consultants)			**0**				0
Temp Help Reg (907)	18,947	9,392	**0**	19,981		**29,241**	(29,241)
Temp Help (Exam Proctors)			**0**			**0**	0
Board Member Per Diem (901, 920)	4,200	3,200	**0**	3,300		**4,200**	(4,200)
Overtime	10,835	10,835	**0**	6,938		**11,000**	(11,000)
Staff Benefits	223,426	162,879	**231,750**	178,554	77%	**274,327**	(42,577)
TOTALS, PERSONNEL SVC	576,679	422,095	**604,248**	**461,628**	**76%**	**707,249**	(103,001)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	8,265	4,199	**33,958**	6,425	19%	**8,300**	25,658
Fingerprint Reports	0	0	**7,780**	0	0%	**0**	7,780
Minor Equipment			**0**			**0**	0
Printing	12,451	7,076	**19,001**	5,410	28%	**8,000**	11,001
Communication	28	21	**9,500**	23	0%	**23**	9,477
Postage	23,692	17,249	**35,991**	15,197	42%	**23,000**	12,991
Insurance			**0**			**0**	0
Travel In State	65,563	40,576	**63,733**	38,889	61%	**68,000**	(4,267)
Training	250	0	**4,119**	0	0%	**0**	4,119
Facilities Operations	74,876	77,468	**63,950**	45,127	71%	**45,127**	18,823
C & P Services - Interdept.	0	0	**288,439**	0	0%	**0**	288,439
C & P Services - External	0	0	**16,532**	16,723	101%	**18,000**	(1,468)
DEPARTMENTAL SERVICES:							
OIS ProRata	245,105	185,767	**288,976**	212,823	74%	**288,976**	0
Admin/Exec	92,842	70,049	**103,738**	75,057	72%	**103,738**	0
Interagency Services	0	0	**72,554**	0	0%	**0**	72,554
IA w/ OPES	25,984	25,984	**0**			**82,928**	(82,928)
DOI-ProRata Internal	2,962	2,233	**3,245**	2,349	72%	**3,245**	0
Public Affairs Office	3,423	3,138	**3,172**	2,292	72%	**3,172**	0
PCSD	3,384	2,693	**3,445**	2,508	73%	**3,445**	0
INTERAGENCY SERVICES:							0
Consolidated Data Center	0	0	**1,576**	0	0%	**0**	1,576
DP Maintenance & Supply	0	0	**1,369**	0	0%	**0**	1,369
Statewide ProRata	67,323	50,492	**85,731**	64,298	75%	**85,731**	0
EXAMS EXPENSES:							
Exam Supplies	6,834	6,880	**3,946**	17,071	433%	**20,000**	(16,054)
Exam Site Rental - State Owned	40,062	22,265		32,479		**40,000**	(40,000)
Exam Site Rental - Non State Owned	28,125	28,125	**69,939**	35,910	51%	**35,910**	34,029
C/P Svcs-External Expert Administration	23,545	23,545	**30,877**	2,010	7%	**23,000**	7,877
C/P Svcs-External Expert Examiners	0	0	**47,476**	0	0%	**0**	47,476
C/P Svcs-External Expert Examiners						**0**	0
C/P Svcs-External Subject Matter	158,189	97,389		107,624		**142,000**	(142,000)
Other Items of Expense	0	0	**285**	0	0%	**0**	285
ENFORCEMENT:							
Attorney General	170,033	138,150	**67,536**	98,428	146%	**171,000**	(103,464)
Office Admin. Hearings	0	0	**2,740**	0	0%	**0**	2,740
Evidence/Witness Fees	0	0	**87**	0	0%	**0**	87
TOTALS, OE&E	1,052,936	803,299	**1,329,695**	780,643	59%	**1,173,595**	156,100
TOTAL EXPENSE	1,629,615	1,225,394	**1,933,943**	1,242,271	135%	**1,880,844**	53,099
Sched. Reimb. - Fingerprints	(1,421)	(1,029)	**(13,000)**	(931)	7%	**(1,421)**	(11,579)
Sched. Reimb. - Other	(705)	(470)	**(3,000)**	(235)	8%	**(705)**	(2,295)
NET APPROPRIATION	1,627,489	1,223,895	**1,917,943**	1,241,105	65%	**1,878,718**	**39,225**
						SURPLUS/(DEFICIT):	**2.0%**

3142 - Dental Assisting Program
Analysis of Fund Condition

Prepared 2/10/15

(Dollars in Thousands)

2015-16 Governor's Budget w/ BreEZe SPR 3.1

		Actual 2013-14	CY 2014-15	BY 2015-16	BY + 1 2016-17
BEGINNING BALANCE		$ 2,724	$ 2,826	$ 2,544	$ 1,765
Prior Year Adjustment		$ 35	$ -	$ -	$ -
Adjusted Beginning Balance		$ 2,759	$ 2,826	$ 2,544	$ 1,765
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	$ 18	$ 16	$ 16	$ 16
125700	Other regulatory licenses and permits	$ 345	$ 356	$ 373	$ 373
125800	Renewal fees	$ 1,256	$ 1,242	$ 1,247	$ 1,247
125900	Delinquent fees	$ 72	$ 68	$ 68	$ 68
141200	Sales of documents	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 7	$ 8	$ 7	$ 3
160400	Sale of fixed assets	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 1	$ -	$ -	$ -
161400	Miscellaneous revenues	$ 4	$ -	$ -	$ -
164300	Penalty Assessments	$ -	$ -	$ -	$ -
Totals, Revenues		$ 1,703	$ 1,690	$ 1,711	$ 1,707
Totals, Revenues and Transfers		$ 1,703	$ 1,690	$ 1,711	$ 1,707
Totals, Resources		$ 4,462	$ 4,516	$ 4,255	$ 3,472
EXPENDITURES					
Disbursements:					
0840 State Controller (State Operations)		$ -	$ -	$ -	$ -
8880 Financial Information System for CA (State Operations)		$ 8	$ 2	$ 3	
1110 Program Expenditures (State Operations)		$ 1,628	$ 1,917	$ 2,092	$ 2,134
	2015-16 BreEZe SFL	$ -	**$ 53**	**$ 395**	**$ 432**
Total Disbursements		$ 1,636	$ 1,972	$ 2,490	$ 2,566
FUND BALANCE					
Reserve for economic uncertainties		$ 2,826	$ 2,544	$ 1,765	$ 906
Months in Reserve		17.2	12.3	8.3	5.0

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ONGOING.

B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1.

C. ASSUMES INTEREST RATE AT 0.3%.

STATE OF CALIFORNIA
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MEMORANDUM

DATE	May 4, 2015
TO	Dental Board Members
FROM	Nellie Forgét, Program Coordinator Elective Facial Cosmetic Surgery Permit Program
SUBJECT	**Agenda Item 17:** Report on the April 8, 2015 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permit

Background :

On September 30, 2006, Governor Arnold Schwarzenegger signed Senate Bill 438 (Midgen, Chapter 9009, Statutes of 2006), enacting Business and Professions Code (Code) Section 1638.1, which took effect on January 1, 2007. Code Section 1638.1 authorizes the Dental Board of California (Board) to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and establishes the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit.

Pursuant to Code Section 1638.1(a)(2), an EFCS permit that is issued by the Board is valid for a period of two (2) years and is required to be renewed by the permit-holder at the time his or her dental license is renewed. Additionally, every six (6) years, prior to the renewal of the permit-holder's license and permit, the permit-holder is required to submit evidence acceptable to the Committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The Committee is authorized to limit a permit consistent with Code Section 1638.1(e)(1) if it is not satisfied that the permit-holder has established continued competence.

Code Section 1638.1 does not expressly provide the requirements a permit-holder must meet to establish continuing competency, therefore it has become necessary to promulgate a regulation to implement, interpret, and make specific the provisions of Code Section 1638.1 for the purpose of clarifying the necessary requirements that would establish continuing competency for the EFCS permit.

April 8, 2015 Update:

The Committee met on April 8, 2015 via videoconference to consider proposed regulatory language and application revisions and to review one (1) application for issuance of a permit.

At the meeting, staff presented the regulatory language and revised EFCS permit application. The Committee tabled this discussion until staff finalizes the regulatory language, specific to the six year continued competency requirements, to incorporate the following as a result of the Committee's discussion:

> Every six years, prior to renewal, the permit holder shall submit ten (10) operative reports that are specific to the procedures the licensee is permitted to perform, and twenty four (24) hours of continuing education from a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP), or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) specific to the procedures the licensee is permitted to perform.

At the July EFCS Committee meeting, the Committee will review the revisions to the draft regulatory language, and if approved, will recommend the Board initiate the rulemaking process at its August meeting.

Recommendation for Issuance of EFCS Permit:

Additionally, the Committee considered an application from Ryan M. Diepenbrock, DDS. The Committee has made the following recommendation regarding issuance of an EFCS permit to Dr. Diepenbrock:

> Applicant: Ryan M. Diepenbrock, DDS, applied for an EFCS permit with unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation).

Based on consideration of the application at its April 8, 2015 meeting, the Committee recommends the Board issue a permit for unlimited Category I and Category II privileges.

Action Requested:

Staff requests the Board take the following actions:

1. Accept the EFCS Credentialing Committee Report, and
2. Accept the Committee's recommendation to issue Ryan M. Diepenbrock, DDS, an EFCS Permit a permit for unlimited Category I and Category II privileges

COMMITTEE REPORTS

ADJOURNMENT